

CITY OF COVENTRY.



Annual Report

ON THE

HEALTH OF THE CITY

BY

E. H. SNELL, M.D., B.Sc., Lond., F.R.S., Ed.

Barrister-at-Law,

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER.

1918.

COVENTRY :

CURTIS & BEAMISH, LTD., 50, HERTFORD STREET.

THE PROPERTY OF
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OF SCIENTIFIC RESEARCH.

CITY OF COVENTRY.



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E. H. SNELL, M.D., B.Sc., Lond.,

OF THE MIDDLE TEMPLE, BARRISTER-AT-LAW

Diplomate in Public Health of the University of Cambridge; Fellow of the Royal Society of Edinburgh; Fellow of the Royal Sanitary Institute, the Royal Institute of Public Health, and of the Royal Society of Medicine; Past-President of the Midland Branch of the Society of Medical Officers of Health; Member of the Royal College of Surgeons.

1918.

Coventry :

CURTIS AND BEAMISH, LTD., PRINTERS, HERTFORD STREET.

SANITARY COMMITTEE.

MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S., *Chairman*.
 MR. COUNCILLOR A. H. BARNACLE, *Vice-Chairman*.
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 MR. COUNCILLOR A. J. MAKEPEACE, J.P., L.D.S.
 MR. COUNCILLOR J. ORTON, J.P., M.D.
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SANITARY STAFF.

Medical Officer of Health	-	E. H. SNELL, M.D., D.P.H.
Tuberculosis Officer	-	J. MCG. WILLIAMS, M.D., D.P.H.
Public Analysts	-	A. BOSTOCK HILL, M.D., D.P.H.
	-	W. T. RIGBY, F.I.C.
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Inspector of Nuisances	-	W. H. CLARKE.*
Housing Inspector	-	W. MARTIN.*
	-	J. BARNISH.* (enlisted).
	-	F. W. MORTIMER.*|| o
Assistants - - -	-	J. F. LORD.*|| (enlisted).
	-	W. BEAUMONT* (enlisted).
	-	Miss CHURCHILL.*
	-	A. E. BENNETT.*
Sub-Assistant Inspector	-	T. PREEDY.
Supt. Health Visitor	-	Miss S. G. BARRATT.*|| ‡ § a
	-	Miss H. G. TOD.*|| ‡ § (Resigned Feb. 1st, 1918).
	-	Miss A. W. HUGHES.*|| ‡ § (Resigned Dec. 25th, 1918).
	-	Mrs. OLDHAM.*|| ‡ § (Resigned Jan. 25th, 1919).
Health Visitors - - -	-	Miss L. CURETON. § ¶
	-	Miss C. A. BUTLER. ‡ §
	-	Miss R. WARD. § ¶ *
	-	Miss D. M. JONES.*
	-	Miss E. QUINN ‡ § ¶ (Appointed Dec., 1918).
	-	Mrs. ROSS. ¶ (Appointed Mar., 1919).

* Inspector's Certificate of Royal Sanitary Institute.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Inspector's Certificate of Sanitary Inspectors' Examination Board.

§ Certificate of Central Midwives Board.

|| Certificate of Royal Sanitary Institute for Inspecting Meat and other foods.

¶ Three years general trained nurse.

o Certificate of Royal Sanitary Institute for Practical Sanitary Science as applied to Buildings and Public Works.

a Certificate of Royal Sanitary Institute for Maternity and Child Welfare Workers.

SANITARY STAFF—*continued.*

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Senior Clerks - - -	{	W. STORER (enlisted). J. H. GRANT.
Junior Clerks - - -	{	S. CLARKE (enlisted). Miss W. LEE. Miss G. HARVEY. Miss K. SAVAGE.
Disinfectors and Motor Drivers	{	R. W. ELMORE. F. SHIPSTON.
Assistant Disinfectors and Motor Driver - - -		S. MANSFIELD (enlisted).

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 MR. COUNCILLOR A. H. BARNACLE, *Vice-Chairman.*
 MR. ALDERMAN W. HEWITT.
 MR. ALDERMAN W. LEE, J.P.
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 MR. COUNCILLOR A. FRISWELL.
 MR. COUNCILLOR H. H. KENDRICK, M.R.C.S.
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CITY HOSPITAL OFFICERS.

Matron - - - - Miss M. DAVIDSON.
 Medical Superintendent - - E. H. SNELL, M.D.

DISEASES OF ANIMALS SUB-COMMITTEE.

(To carry into effect the Diseases of Animals Acts, 1894 and 1896, and the Orders of the Board of Agriculture thereunder, having delegated to them all the powers which the Committee, under the said Acts and Orders respectively, have power to delegate).

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*(To consider and report upon the questions of providing a Public Abattoir
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MR. COUNCILLOR A. H. BARNACLE.

MR. ALDERMAN W. HEWITT.

MR. ALDERMAN W. LEE, J.P.

MR. COUNCILLOR S. G. POOLE, J.P.

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MR. COUNCILLOR A. H. BARNACLE.

MR. ALDERMAN W. HEWITT.

MR. ALDERMAN W. LEE, J.P.

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*(To visit Houses reported by the Medical Officer of Health as being unfit
for habitation, and report to the Committee thereon).*

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MR. COUNCILLOR A. H. BARNACLE.

MR. ALDERMAN W. HEWITT.

MR. ALDERMAN W. LEE, J.P.

MR. COUNCILLOR A. FRISWELL.

MR. COUNCILLOR A. J. MAKEPEACE, J.P., L.D.S.

MR. COUNCILLOR S. G. POOLE, J.P.

MENTAL DEFICIENCY COMMITTEE.

(Appointed pursuant to the Mental Deficiency Act, 1913).

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MR. ALDERMAN T. A. B. SODEN, J.P., M.R.C.S.

MR. ALDERMAN W. LEE, J.P.

MR. COUNCILLOR A. H. BARNACLE.

MR. COUNCILLOR S. G. POOLE, J.P.

MRS. S. A. GRIFFITHS.

CITY OF COVENTRY.



Forty-fourth Annual Report

OF THE

MEDICAL OFFICER OF HEALTH.



To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of submitting to you the forty-fourth Annual Report—the twenty-second that I have presented—concerning the vital statistics and general sanitary condition of your City.

It is satisfactory to be able to report that the vital statistics for the year compare favourably with those for the rest of the country. The death-rate is higher than it has been for some years. This was adversely affected by the epidemic of Influenza which occurred in the latter portion of the year; had it not been for that outbreak this figure would have attained a further record in regard to lowness.

Summary of Vital Statistics.

The principal features of the vital statistics for the year 1918 have been as follow :—

Estimated population at the middle of the year, 133,000.

Birth Rate, 20.7. Average for previous 10 years, 25.6.

Marriage Rate, 18.6. Average for previous 10 years, 17.9.

Recorded Death Rate, 14.6. Average for previous 10 years,

Infantile Death Rate, 92.5 per 1,000 births. Average for previous 10 years, 89.0.

Zymotic Death Rate, 0.42. Average for previous 10 years, 1.13.

Respiratory Death Rate (excluding Phthisis), 2.55.

Phthisis Death Rate, 1.28. Average for previous 10 years, 1.11.

Death Rate from other forms of Tuberculosis, .30.

Physical Features of the City and District.

See Annual Report for 1910.

Population.

The estimation of the civil population under existing circumstances is a matter of considerable uncertainty. Having regard to various local considerations, which need not here be detailed, this was taken to approximate to 133,000. The result obtained by the "ration books" at the end of the year showed that this estimate was not far wrong, and probably underestimated the population.

(The figure adopted by the Registrar-General for the estimation of the local death rate was 135,218, and that for the birth rate 151,507.)

Vital Statistics of the Wards.

The following table shows the estimated populations of the several wards, and the particulars on which these estimates are based, viz., the newly-completed houses at the middle of the year, the houses demolished, and vacant houses; it also gives the birth and death rates for the several wards, based on these estimates, and also the infantile mortality rates, which being based on the comparison of the infantile deaths to the actual number of births which occurred, are not based on estimates.

WARDS.	Estimated Population, middle of 1917.	Estimated Population, middle of 1918.	Houses Completed July 1st, 1917 to June 30th, 1918.	Demolished in 1918.	Estimated Increase of Population, July 1917 to June 1918.	Deaths Registered.	Death Rate, 1918.	Average Death Rate (10 years).	Births Registered.	Birth Rate, 1918.	Deaths under 1 year.	Infantile Death Rate.
Radford	10195	10312	..	..	117	127	12.3	10.8	161	15.6	8	49.6
Foleshill	15705	16072	21	13	367	221	13.7	11.2	415	25.8	27	65.0
Harnall	9604	9712	..	..	108	149	15.3	11.7	179	18.4	21	117.3
Swanswell	10810	10953	..	..	143	171	15.6	12.3	226	20.6	23	101.7
Bablake	5578	5644	..	2	66	129	22.8	17.5	150	26.5	17	113.3
Cheylesmore	7251	7324	..	11	73	163	22.2	18.2	175	23.8	25	142.8
Hearsall	19485	20020	47	..	535	254	12.4	9.1	396	19.7	36	90.9
Grey Friars	6146	6380	..	..	84	97	15.2	14.2	130	20.3	17	130.7
Hill Fields	9005	9079	..	..	74	107	11.7	11.0	109	12.0	9	82.5
All Saints	6503	6606	..	..	103	137	20.7	14.6	187	28.3	16	85.5
St. Mary's	5933	5965	..	..	32	135	22.6	16.5	119	19.9	15	126.0
Stoke	23635	24933	172	..	1298	257	10.3	10.0	530	21.2	43	79.2
	130000	133000	240	26	3000	1947	14.6	12.2	2777	20.7	257	92.5

Occupied
Houses,
census, 1911
23,410

Vacant
Houses,
census, 1911,
382.

Vacant
Houses,
Dec., 1918,
25.

The following Tables record the vital statistics and general growth of the City as far as information can be acquired.

Coventry was constituted a separate County by Charter of Henry VI., 1451.

Incorporated with the County of Warwick, 1842.

Constituted a County Borough, 1888.

Area = 4,147 acres.

Rateable Value, 1918 £522,405 os.

„ „ 1908 £357,137 10s.

„ „ 1898 £215,460 os.

Density of Population, 1918 = 32.0 per acre.

„ „ 1911 = 25.8 „

„ „ 1901 = 16.9 „

Average number of persons to each occupied house, 1918 = 4.8

„ „ „ 1917 = 4.7

„ „ „ 1916 = 4.6

„ „ „ 1915 = 4.6

„ „ „ 1914 = 4.6

„ „ „ 1913 = 4.5

„ „ „ 1912 = 4.5

„ „ „ 1911 = 4.5

„ „ „ 1901 = 4.5

„ „ „ 1891 = 4.5

Year	Houses Inhabited.	Vacant.	Popula- tion.	Mortality.	Zymotic Mortality.	Deaths under one year per 1000 born.	Birth Rate.
1377	...	...	7,000	...	...	...	...
1586	...	...	6,502	...	...	...	...
1643	...	...	9,500	...	...	...	...
1694	...	...	6,711	...	...	...	...
1723	1,934	...	...	...	...	...	...
1748	2,066	...	12,817	32 ?	...	...	35 ?
1801	2,930	...	16,034	...	...	...	...
1811	3,448	*60	17,923	...	...	...	...
1821	3,729	*114	21,448	...	...	...	...
1831	5,444	*421	27,298	...	...	...	...
1841	6,531	*590	31,032	...	...	...	...
Ten Years' Average.							
1851	7,783	*151	36,812	27	...	...	...
1861	8,991	*1,026	40,936	25	...	...	...
1871	8,535	*816	37,670	22	...	...	...
1881	9,223	*643	42,111	20	3'3	150	35'4
1891	11,496	*284	52,724	18'5	1'7	142	31'0
1901	15,571	353	69,877	16'96	1'9	153'7	29'8
1911	19,500	218	87,188	13'7	1'4	109'3	18'0
1897	†12,440	73	61,234	16'8	1'8	157	31'3
1898	†12,939	75	61,555	17'3	2'9	200	31'1
†1899	†13,297	112	61,796	19'0	2'2	164	30'5
1900	15,461	292	70,075	17'5	2'4	131	32'3
1901	15,571	353	70,300	17'1	2'5	150	29'2
1911	23,515	95	107,287	13'3	2'08	109'8	26'9
1912	24,590	50	111,166	11'9	1'35	76'1	26'4
1913	25,051	113	115,064	11'4	0'84	91'6	26'0
1914	25,860	99	119,003	11'7	0'70	84'6	26'9
1915	26,667	56	122,982	12'9	1'39	87'8	23'8
1916	27,366	12	127,089	10'9	1'23	87'5	23'5
1917	27,531	15	130,000	10'4	0'47	78'5	20'2
1918	27,735	25	133,000	14'6	0'42	92'5	20'7

* This number includes all business offices, whether in dwelling houses or factories, if not occupied on the night the Census was taken.

† This number omits all business offices, factories, etc.

‡ These figures omit the added area.

Marriages

The number of marriages has been 1,237. This gives a marriage rate of 18.6.

The average for the previous ten years was 17.9.

The following table shows the relation with the figures of previous years, and with the marriage rate for the country generally :—

Year.	No. of Marriages.	Rate.	Rate for England.
1908	778	17.0	14.9
1909	796	17.0	14.6
1910	886	17.4	14.8
1911	938	17.4	15.2
1912	959	17.2	15.5
1913	1026	17.8	15.5
1914	1091	18.2	15.9
1915	1282	20.8	19.3
1916	1184	18.6	15.4
1917	1155	17.7	13.8
1918	1237	18.6	15.3

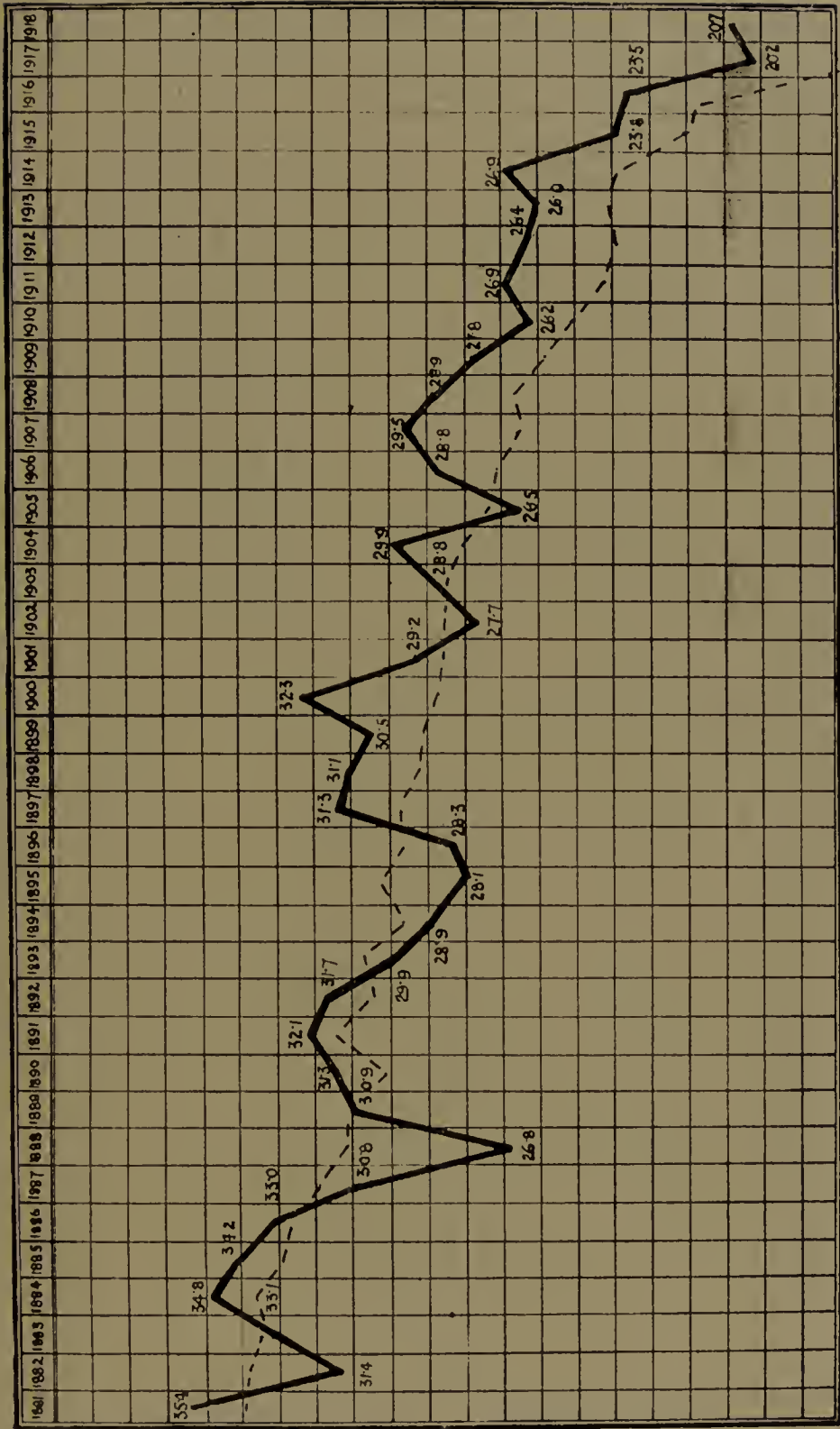
Births.

There were 2,777 births registered as having taken place during the year within the City; 19 of these were transferred out, and 8 occurring elsewhere were transferred here, leaving 2,766. The birth rate for the year has been 20.7 per 1,000 of the estimated civilian population; the rate calculated upon the estimated civilian population plus the calculated proportionate military population, which according to the Registrar General was 151,507 for 1918, was 18.2. The average rate for the previous ten years was 25.6. There were 146 illegitimate births registered, or 5.2 per cent. of the total. In 1917 the percentage was 3.4, and in 1916 2.6.

The birth rate is compared with that for the whole of England and Wales in the following table :—

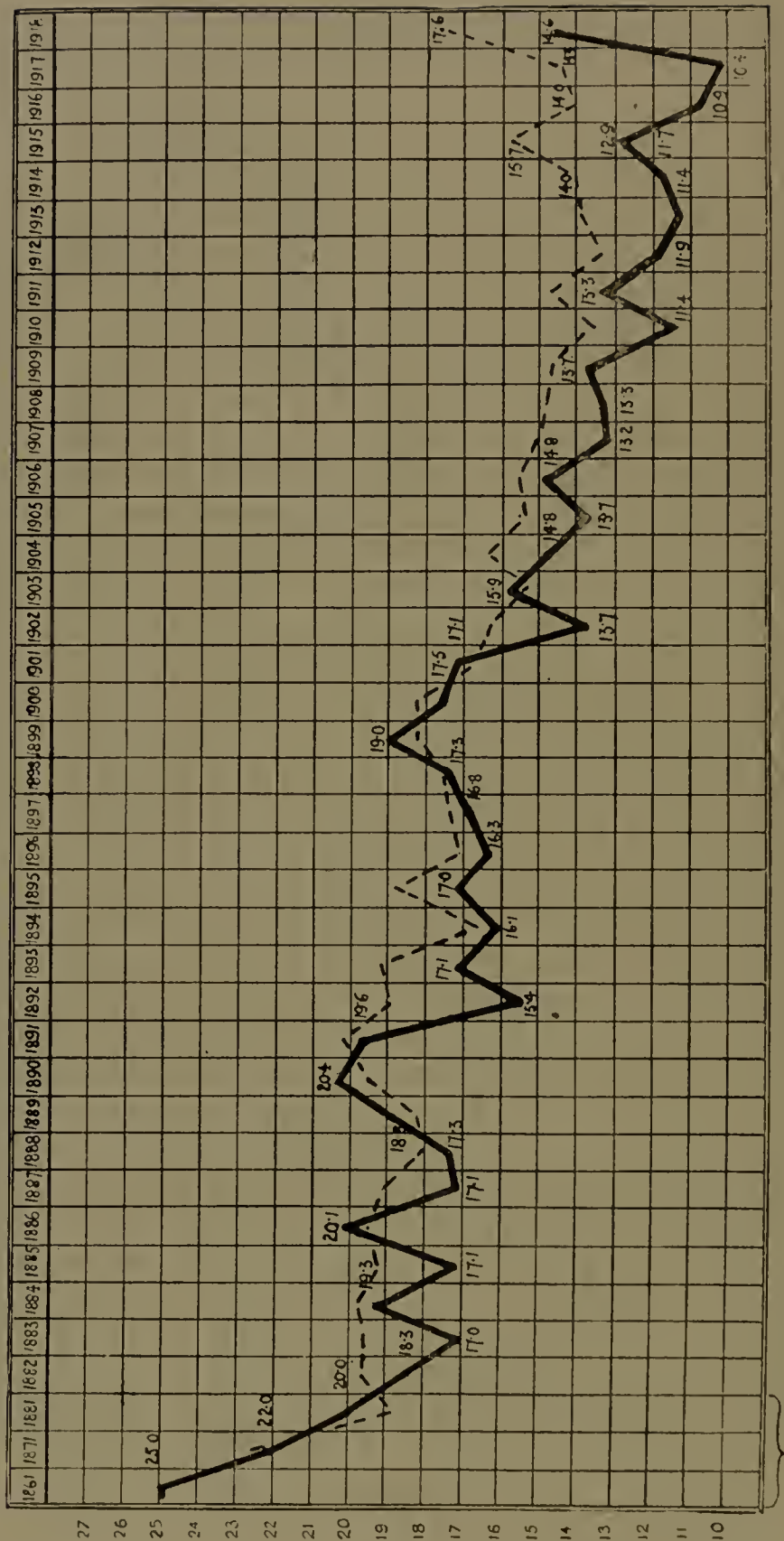
Year.	No. of Births.	Birth Rate.	Rate for England and Wales.
1908	2630	28.9	26.5
1909	2601	27.8	25.0
1910	2674	26.2	24.8
1911	2886	26.9	24.4
1912	2943	26.4	23.8
1913	2999	26.0	23.9
1914	3203	26.9	23.8
1915	2936	23.8	21.8
1916	2993	23.5	21.6
1917	2635	20.2	17.7
1918	2766	20.7	17.7

CHART SHOWING DECLINE OF COVENTRY BIRTH RATE SINCE 1881.



The black line represents the rate for Coventry.
The dotted line represents the rate for England and Wales.

CHART SHOWING DECLINE OF COVENTRY DEATH RATE SINCE 1861.



Decennium.

The black line represents the rate for Coventry.
The dotted line represents the rate for England and Wales.

Deaths.

There have been 1,944 deaths registered as having taken place during the year within your City; of these, 76 were deaths of non-residents; these have been referred to the districts in which the persons ordinarily resided; and there were 79 deaths of residents which occurred elsewhere; these have to be added to the above number. The actual number of deaths, therefore, which has to be regarded in estimating the death rate is 1,947. This gives a recorded death rate of 14.6 per thousand of the population. On page 13 is represented a table showing the weekly variations in the uncorrected death rates for the expired portions of each year for the past ten years.

The following table shows the mean age at death of the persons who died in the past twenty-two years :—

Year.	Total Deaths.	Total completed Years Lived.	Mean Age at Death.
1918	1947	81116	41.6
1917	1354	56414	41.6
1916	1395	49973	35.8
1915	1595	59807	37.5
1914	1399	55635	39.7
1913	1318	48110	36.5
1912	1330	49040	36.8
1911	1431	50873	35.4
1910	1162	44595	38.3
1909	1285	46589	36.2
1908	1217	45744	37.5
1907	1152	42072	36.5
1906	1247	45236	36.2
1905	1114	41866	38.0
1904	1132	39623	35.0
1903	1188	43270	36.4
1902	1007	36743	36.4
1901	1203	39709	33.0
1900	1223	42687	34.5
1899	1182	40156	36.5
1893	1060	29858	28.1

To compare the "Recorded" death rate with that of other towns, it is necessary to make an allowance for the difference in age and sex constitution of the different towns. This is done by obtaining from the "Standard" * death rate of each town the "Factor for Correction." † The "Factor for Correction" for

* The "Standard" death rate signifies the rate at all ages calculated on the hypothesis that the rates for each sex at each of twelve age-periods in each town were the same as in England and Wales during the ten years 1901-1911.

† The "Factor for Correction" is obtained by dividing the "Standard" death rate in England and Wales by the "Standard" death rate in each town, and is the figure by which the "Recorded" death rate should be multiplied in order to correct for variations of sex and age distribution. This gives the "Corrected" death rate.

Coventry is 1.0671; the recorded death rate is then multiplied by this factor for correction, and the resulting figure is the "Corrected" death rate. The corrected death rate of Coventry in 1918 was 15.5; this is in excess (.9) of the recorded death rate, which is another way of saying that in Coventry the sex and age constitution of the population is so circumstanced that it tends to the advantage of Coventry, so far as the actual death rate recorded is concerned.

The death rate for England and Wales was ...	17.6
„ „ the 96 great towns was ...	18.2
„ „ the 148 smaller towns was ...	16.1

DEATH RATE.

From 1st of January each year to the end of each week, or to the Saturday nearest to the date mentioned in the first column for the past 10 years.

Week.	Date.	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	Average for past 10 years
	Jan											
1	" 7	16.0	9.3	13.1	9.8	8.7	10.5	11.5	11.0	11.1	10.9	11.1
2	" 14	12.1	10.0	14.0	13.6	10.3	16.8	12.9	12.9	11.6	10.9	12.5
3	" 21	12.2	10.7	15.0	13.7	12.0	16.7	11.8	12.6	10.6	10.6	12.5
4	" 28	13.4	12.3	16.4	14.5	13.1	17.6	12.3	12.8	11.3	9.6	13.3
	Feb.											
5	" 4	12.9	13.2	15.7	14.8	14.8	17.7	13.3	12.6	11.6	9.7	13.6
6	" 11	13.2	13.1	16.2	15.4	15.5	16.2	13.6	12.9	12.0	10.1	13.8
7	" 18	13.4	13.1	16.1	15.3	16.0	16.5	14.5	13.2	13.5	10.1	14.1
8	" 25	13.9	12.9	15.7	14.6	16.0	15.6	14.7	13.0	13.4	10.2	14.0
	Mar											
9	" 4	14.0	13.0	15.4	14.1	15.7	15.1	15.2	12.9	12.9	10.3	13.8
10	" 11	14.6	13.3	15.1	13.8	15.2	15.0	14.9	12.9	12.7	10.2	13.7
11	" 18	15.0	13.2	15.5	13.9	15.9	14.8	15.1	12.5	12.8	10.3	13.9
12	" 25	14.7	13.1	15.6	14.0	15.4	14.5	14.8	12.8	12.4	10.4	13.7
	April											
13	" 1	15.1	12.7	15.9	14.3	15.1	14.5	14.8	12.7	12.4	10.3	13.7
14	" 8	15.1	12.7	15.8	13.9	14.6	14.4	14.1	12.5	12.5	10.6	13.6
15	" 15	15.3	12.6	15.6	13.5	14.1	14.0	15.4	12.6	12.5	10.7	13.6
16	" 22	15.0	12.7	15.2	13.3	13.8	14.0	15.7	12.6	12.7	10.7	13.5
17	" 29	15.1	12.8	14.7	13.1	13.7	13.8	15.7	12.6	12.6	10.8	13.4
	May											
18	" 6	15.0	12.6	14.7	13.0	13.7	13.5	15.6	12.5	12.4	10.9	13.3
19	" 13	15.3	12.6	14.6	13.1	13.7	13.3	15.4	12.4	12.3	10.9	13.3
20	" 20	15.5	12.5	14.2	12.8	13.4	13.4	15.2	12.2	12.0	10.8	13.2
21	" 27	15.6	12.4	14.2	12.2	13.3	13.3	15.0	12.1	11.8	10.6	13.0
	June											
22	" 3	15.4	12.4	14.0	12.6	13.2	13.1	14.8	12.1	11.6	10.5	12.9
23	" 10	15.5	12.2	13.8	12.5	13.0	13.2	14.5	11.9	11.6	10.5	12.8
24	" 17	15.5	12.2	13.8	12.6	12.9	13.1	14.5	11.7	11.4	10.3	12.8
25	" 24	15.2	12.1	13.8	12.4	12.7	12.9	14.2	11.7	11.2	10.2	12.6
	July											
26	" 1	15.3	11.9	13.7	12.3	12.6	12.9	14.0	11.6	11.2	10.2	12.5
27	" 8	15.2	11.8	13.7	12.0	12.5	12.7	13.9	11.4	11.1	10.3	12.4
28	" 15	14.4	11.7	13.5	12.0	12.5	12.6	13.7	11.3	11.0	10.3	12.3
29	" 22	15.0	11.7	13.4	11.7	12.4	12.5	13.6	11.2	10.9	10.3	12.2
30	" 29	14.9	11.7	13.3	11.5	12.3	12.4	13.5	11.0	10.9	10.3	12.1
	Aug.											
31	" 5	14.8	11.0	13.3	11.0	12.1	12.2	13.4	10.9	10.7	10.2	11.9
32	" 12	14.6	10.9	13.2	11.3	12.0	12.1	13.2	10.8	10.6	10.0	11.8
33	" 19	14.4	10.8	13.3	11.3	11.9	12.2	13.0	10.7	10.5	10.1	11.8
34	" 26	14.3	10.9	13.6	11.2	11.8	12.0	12.9	10.6	10.4	10.0	11.7
	Sept											
35	" 2	14.2	10.8	13.6	11.2	11.7	11.9	12.9	10.4	10.4	10.0	11.7
36	" 9	14.2	10.7	13.7	11.3	11.7	12.0	12.7	10.4	10.2	10.0	11.6
37	" 16	14.7	10.7	13.8	11.0	11.6	11.9	12.7	10.3	10.1	9.9	11.6
38	" 23	13.8	10.7	13.8	11.3	11.5	11.8	12.6	10.2	10.0	10.0	11.5
39	" 30	13.8	10.8	13.7	11.2	11.5	11.8	12.6	10.3	10.0	9.8	11.5
	Oct.											
40	" 7	13.8	10.8	13.6	11.1	11.4	11.7	12.7	10.2	10.0	9.8	11.5
41	" 14	13.7	10.9	13.6	11.0	11.5	11.7	12.6	10.2	9.9	9.8	11.4
42	" 21	13.6	10.9	13.5	11.0	11.5	11.6	12.6	10.1	9.9	9.7	11.4
43	" 28	13.5	10.9	13.4	11.0	11.4	11.6	12.5	10.1	9.9	9.8	11.4
	Nov.											
44	" 4	13.4	10.9	13.3	11.2	11.4	11.5	12.6	10.1	9.9	10.4	11.4
45	" 11	13.4	10.7	13.3	11.3	11.4	11.4	12.6	10.0	9.9	11.4	11.5
46	" 18	13.4	10.8	13.2	11.4	11.4	11.4	12.7	10.1	9.9	12.5	11.6
47	" 25	13.4	10.8	13.1	11.4	11.3	11.4	12.6	10.2	9.9	13.5	11.7
	Dec.											
48	" 2	13.5	10.9	13.1	11.1	11.3	11.2	12.7	10.3	9.8	13.9	11.7
49	" 9	13.7	10.9	13.0	11.5	11.2	11.4	12.8	10.4	9.7	14.1	11.8
50	" 16	13.7	10.9	13.0	11.6	11.3	11.4	12.7	10.5	9.8	14.1	11.9
51	" 23	13.7	10.9	13.0	11.6	11.3	11.4	12.7	10.7	9.8	14.0	11.9
52	" 30	13.7	11.3	13.0	11.7	11.2	11.4	12.8	10.9	9.9	13.9	11.9

Meteorology.

Meteorological observations are made daily at the City Hospital, and posted at St. Mary's Hall. Monthly records of them are forwarded to the Meteorological Office, and published by that Office in the monthly weather reports.

The relationship existing between the death rate and the temperature, and the humidity of the atmosphere, is graphically represented in the curves on the plate on the opposite page.

The summary of the meteorological observations taken during the year is given on page 19.

The highest temperature recorded in the shade was on May 22nd, when 84° F. was reached. Freezing point or below was recorded in the screen on 30 days during the year; these days were distributed throughout the months as below :—

January	11	July	
February	4	August	
March	4	September	
April	1	October	
May		November	9
June		December	1

The highest temperature recorded four feet below the surface of the ground was 58.0° F., on August 16th, 18th, 23rd, 24th, 25th, 26th, and 27th, and that one foot below the surface was 64° F., on August 2nd.

Rain fell on 193 days. The total rainfall at the City Hospital amounted to 25.248 inches, or .138 inches less than in 1917.

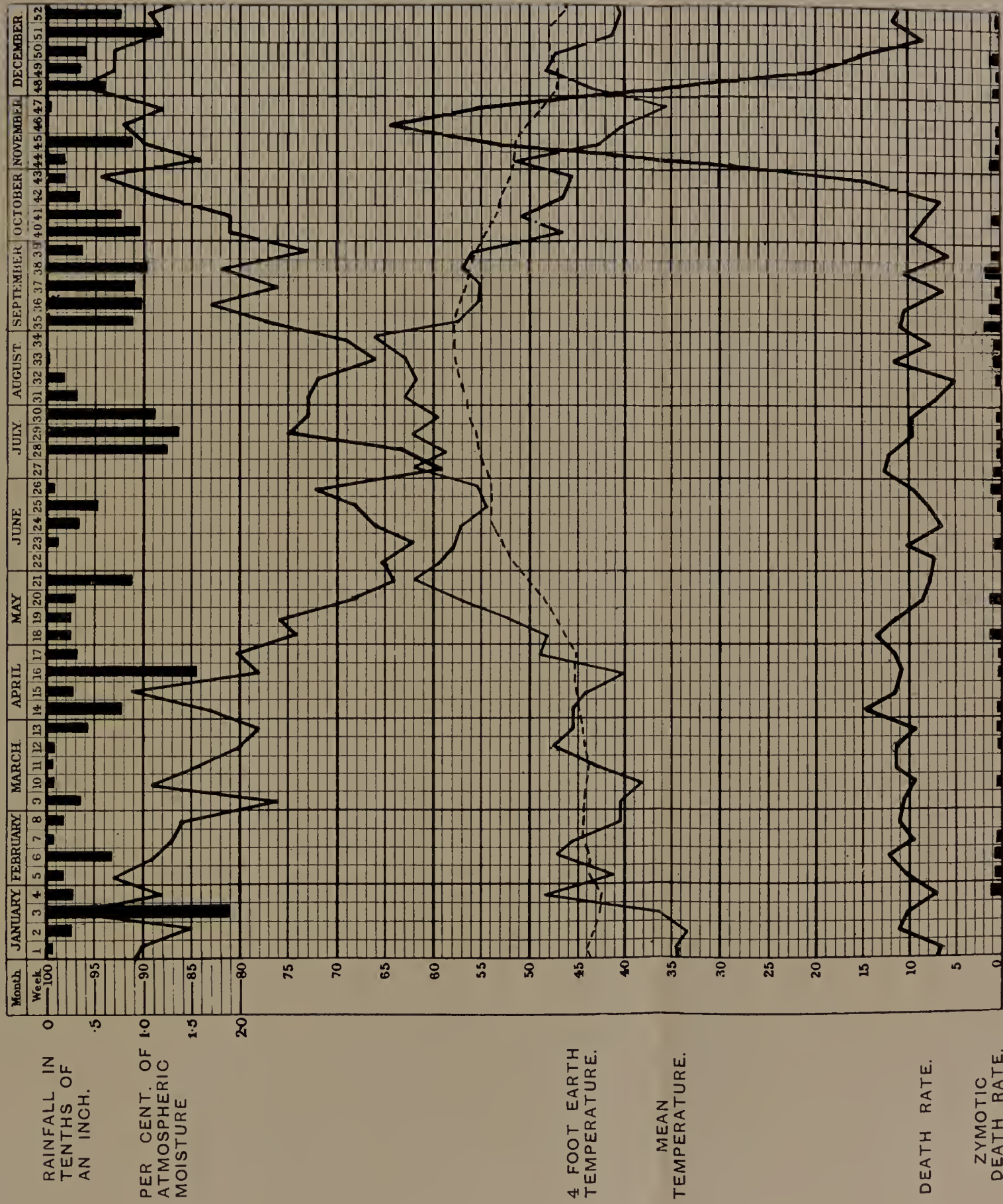
The greatest fall recorded in any 24 hours, from 9 a.m. to 9 a.m., was noted on 15th January, when the amount collected was 0.87 inches.

In addition to the ordinary rain gauge situated on the ground, there is an automatic rain gauge at this station; its funnel is situated 4 feet 11 inches above the ground; this collected 20.89 inches of rain.

The daily records of rainfall for the year are given on the next page.

CITY OF COVENTRY, 1918.

CHART ILLUSTRATING THE RELATION BETWEEN THE DEATH RATES AND PRINCIPAL METEOROLOGICAL CONDITIONS.



RAINFALL, 1918.

Date.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.	in.
1	..	'02	..	'12	..	..	..	..	'004	'02	'15	'02
2	.	'14	..	'10	..	..	..	'13	..	'04	'02	'16
3	..	'06	'03	..	'24	..	..	'18	'39	'02	'17	..
4	..	'02	'02	..	..	..	..	'05	'50	..	'54	'12
5	..	'02	..	'05	'13	..	..	'13	'03	'03	..	..
6	..	'09	'02	'17	..	'05	..	..	..	'15	..	'02
7	'05	'07	..	'04	'02	'06	..	..	'07	'02	'15	..
8	'01	'07	..	'01	..	..	..	..	'08	'05	..	'06
9	'01	'36	..	'17	..	'21	'24	..	'37	'39	..	'04
10	'13	'01	..	'02	..	..	'55	..	'07	'10	..	'12
11	..	..	..	'01	'10	..	'28	..	'08	'04	..	'06
12	'04	'06	'06	..	'19	..	'13	..	..	..	..	..
13	'01	..	..	'03	'09	'06	'04	..	'13	'02	..	'04
14	'33	..	..	'01	'02	'04	'14	..	'17	'16	..	'03
15	'87	..	..	'36	..	'01	'23	..	'03	..	..	'27
16	'10	..	..	'46	..	'32	'02	'01	'16	'03	..	'02
17	'24	..	..	'01	..	..	'26	..	'05	'04	..	'14
18	29	..	..	..	..	'12	'04	..	'33	..	..	'14
19	'05	'07	'08	'07	..	..	'16	..	'01	'07	..	'46
20	'01	'10	..	'64	..	'03	'50	..	'17	'02	'01	'02
21	'06	..	..	'31	..	'01	'04	..	'44	'01	..	'11
22	'15	..	..	..	'30	'03	'09	..	'04	'13	..	'43
23	'05	..	..	..	'57	..	'04	..	'05	..	'01	..
24	..	'13	..	..	..	..	'40	..	'03	'004	'12	..
25	..	..	..	..	'02	'05	'09	'26	..	'02	'01	..
26	..	..	..	..	..	..	'41	'02	'09	..	'05	'10
27	..	'06	'02	..	..	'01	'04	'31	'16	..	'10	'11
28	..	'14	'31	'01	..	..	..	..	..	..	'20	'11
29	..	..	'04	..	..	..	..	..	'83	..	..	'02
30	..	..	'04	..	..	..	..	'26	'02	..	'11	'15
31	..	..	'34	..	..	..	..	'04	..	..	..	..
Totals	2'40	1'42	96	2'59	1'68	1'00	3'70	1'39	4'304	1'364	1'64	2'80
No. of Rain Days.	16	16	10	18	10	13	19	10	25	20	13	23

Total Rainfall for Year = 25'248 inches: No. of Rain Days 193.

RAINFALL AT DIFFERENT LOCAL STATIONS.

1918.

			City Hospital.	Radcliffe Road.	Pumping Station, Whitley.
January	..	..	2'40	2'44	2'35
February	..	..	1'42	1'56	1'27
March	..	..	'96	1'70	1'03
April..	..	..	2'59	3'05	2'85
May ..	..	..	1'68	1'70	1'60
June ..	..	..	1'00	0'80	0'51
July ..	..	..	3'70	3'75	4'24
August	..	..	1'39	1'12	1'02
September	..	..	4'304	4'85	4'38
October	..	..	1'364	1'37	1'33
November	..	..	1'64	1'61	1'69
December	..	..	2'80	2'96	2'75
Total	..	..	25'248	26'91	25'02

For the records of rainfall at Radcliffe Road and Whitley, I am indebted to the courtesy of Mr. J. B. Morris, and the City Engineer respectively.

The monthly amounts of rain registered at the City Hospital are given on the next page, together with the corresponding tables for the previous twenty years.

	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
Jan...	79	3'45	3'44	'98	1'04	2'17	2'66	'72	3'53	'925	'685	1'27	2'38	'88	4'67	3'94	1'00	2'57	1'320	1'984	2'400
Feb...	1'03	2'60	3'82	1'64	1'51	1'05	3'13	'80	2'405	1'070	'905	'75	2'49	1'69	1'63	'86	1'57	3'22	3'664	1'234	1'420
March	84	1'21	'62	1'78	1'68	4'03	1'41	3'02	1'24	1'055	2'635	3'05	'80	2'01	3'39	3'73	2'52	'88	4'060	1'524	'960
April	1'98	1'87	1'27	1'92	2'19	1'555	'90	1'475	46	1'810	3'655	1'43	1'87	'84	'33	4'11	1'48	'99	1'074	1'320	2'590
May	2'55	2'35	1'66	'88	2'24	3'21	1'55	'265	2'23	3'685	2'235	1'55	2'30	'82	3'63	2'33	1'18	2'23	2'288	2'650	1'680
June	'72	1'61	3'15	2'64	2'47	2'65	'33	2'95	3'375	2'520	1'490	3'05	1'25	1'84	4'77	'81	2'40	'65	1'570	3'600	1'000
July..	1'045	1'11	1'62	2'46	1'48	2'69	2'56	'865	'955	2'775	2'435	3'49	2'81	'15	3'20	1'01	2'12	6'35	1'490	2'140	3'700
Aug.	3'54	1'285	3'00	1'725	3'47	3'97	1'73	4'625	1'005	2'890	3'155	1'91	4'04	1'62	6'22	'56	1'60	2'10	3'840	4'584	1'390
Sept..	'63	1'73	'45	1'21	1'09	2'13	1'92	2'005	1'015	'780	1'450	2'36	'77	1'68	'99	1'68	'72	'79	0'700	1'470	4'304
Oct...	2'58	2'16	2'77	1'30	2'29	6'38	'595	1'035	5'175	4'640	1'230	3'75	2'24	2'61	2'56	3'15	2'02	1'88	2'730	3'050	1'304
Nov.	1'90	1'53	1'99	'69	1'595	1'57	1'31	2'74	2'925	2'065	1'185	'61	4'49	2'63	1'75	3'02	3'00	2'47	3'000	0'850	1'640
Dec.	2'26	1'80	5'09	4'19	1'48	1'34	1'88	'815	2'095	3'355	2'040	3'43	4'13	4'60	3'88	1'15	5'55	5'06	2'740	0'980	2'800
Totals	19'865	25'705	28'88	21'415	22'535	32'745	19'975	21'315	26'41	27'57	23'100	26'65	29'57	21'37	37'02	26'35	25'16	29'19	28'476	25'386	25'248

The average yearly rainfall at this station for the preceding twenty-six years, 1892 to 1917, was 25.506 inches. The rainfall for 1918 was therefore 0.258 inches below the average for these years.

The average rainfall for the Midland Counties, as recorded by the Meteorological Office, was 28.5 in 1918.

Below is given the total amount of bright sunshine recorded during each of the past twelve years by the two sunshine recorders in use; the Campbell-Stokes instrument is the only one recognised by the Meteorological Office.

Year.	Campbell-Stokes' Sunshine Recorder.	Jordan's Sunshine Recorder.
	Hours.	Hours.
1907	1354	1197
1908	1406	1220
1909	1478	1249
1910	1312	1104
1911	1555	1446
1912	1125	1094
1913	1169	1107
1914	1452	1315
1915	1463	1260
1916	1220	1121
1917	1326	1312
1918	1310	1310

A Meteorological Station has now existed at the City Hospital for twenty-seven years. The records give data for calculating the 'mean' monthly temperatures over this period of time. These are as follow :—

January	... 38.2°	July	... 61.4°
February	... 39.3°	August	... 60.6°
March	... 42.0°	September	... 56.2°
April	... 46.9°	October	... 49.2°
May	... 52.9°	November	... 43.1°
June	... 58.2°	December	... 39.8°

Meteorological Observations made at the City Hospital, Coventry, 1918.

Lat. 52° 24' 34"

Long. 1° 30' 20"

Height of rim of rain gauge above mean Sea Level 271ft.

The cistern of the barometer is situated 326 feet above sea level.

1918	Baro- meter	Air Temperature.					Hygrometer.				Earth Tempera- ture.		Bright Sun- shine.	Cloud. Mean of Observations at 9 a.m. (Scale 0-10).	Rain and other Forms of Precipitation.					Weather, No. of Days of							Wind Force (0-12.)	Wind Direction. No. of observations reduced to totals of 43 for each month.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
		Mean of		Difference from Average.	Absolute Minimum and Maximum		Mean of Observa- tions at 9 a.m.				At 1 foot depth.	At 4 feet depth.			Per cent. of Total Possible.	Daily Mean.	Mean of Observations at 9 a.m. (Scale 0-10).	Number of Days	Total Fall.	Difference from Average.	Amount. Day of Month.	Most in a Day.	Snow.	Hail.	Thunderstorm.	Clear Sky.			Overcast.	Fog.	(Ground Frost.	Gale.	Number of Observations of Moderate and Strong Winds.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
		Max'm	Min'm.		A	B	Dry Bulb	Depression of Wet Bulb.	Vapour Pressure.	Humidity																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Mean Pressure at 32° F. at Station Level.	mb.	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	

TABLE I.—Vital Statistics of Whole District during 1918 and previous Years.

YEAR.	Population estimated to middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.†		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.		Number.*	Rate.	of Non-residents registered in the District.‡	of Residents not registered in the District.‡	Under 1 Year of Age.		At all Ages.	
			Number.+	Rate.					Number.*	Rate per 1,000 Net Births		
1	2	3	4	5	6	7	8	9	10	11	12	13
1913	115,064	2998	2999	26·0	1324	11·5	38	32	275	91·6	1318	11·4
1914	119,003	3197	3203	26·9	1381	11·6	30	48	271	84·6	1399	11·7
1915	122,982	2932	2936	23·8	1575	12·8	36	56	258	87·8	1595	12·9
1916	127,089	2994	2993	23·5	1402	11·0	50	42	262	87·5	1395	10·9
1917	130,000	2630	2635	20·2	1370	10·5	80	64	207	78·5	1354	10·4
1918	133,000	2777	2766	20·7	1944	14·6	76	79	257	92·5	1917	14·6

Area of District in acres (land and inland water) 4,147 acres.

Total population at all ages 106,349
Total families or separate occupiers 23,410 } At Census of 1911.

NOTES TO TABLE I.

NOTES.—This Table is arranged to show the gross births and deaths registered in the district during the calendar year and the births and deaths properly belonging to it with the corresponding rates. The rates are calculated per 1,000 of the estimated gross population as stated in Column 2. In a district in which large public institutions for the sick or infirm seriously affect the statistics, the rates in Columns 5 and 13 may be calculated on a nett population, obtained by deducting from the estimated gross population the average number of inmates not belonging to the district in such institutions.

* In Column 6 are included the whole of the deaths registered during the calendar year as having actually occurred within the district, but excluding the deaths of soldiers and sailors that have occurred in hospitals and institutions in the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

† The Medical Officer of Health has from the returns made to him by the local Registrar of Deaths, as well as from the quarterly lists furnished by the Registrar-General, to fill in Column 8 in accordance with the rule in the next paragraph below. The Registrar-General, either directly or through the County Medical Officer of Health, will supply the Medical Officer of Health with the particulars of deaths to be entered in Column 9; and all such deaths are included in this Column, unless an error is detected, and its correction has been accepted by the Registrar-General. For Column 4 the Registrar-General will furnish to the Medical Officer of Health, a statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

‡ "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided. The deaths of persons without fixed or usual residence, *e.g.*, casuals, are not included in Columns 8 or 9, except in certain instances under 3 (b) below. The Medical Officer of Health will state in Column 8 the number of transferable deaths of "non-residents" which are to be deducted, and will state in Column 9 the number of deaths of "residents" registered outside the district which are to be added in calculating the nett death-rate of his district.

The following special cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission, the death is not transferable. If the patient has been directly transferred from one such institution to another, the death is transferable to the district of residence at the time of admission to the first Institution.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where death occurred, if known; and (d) failing this, to the district where the body was found.

TABLE II.—Cases of Infectious Disease notified during the Year 1918.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED						TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g. Parish or Ward) of the District.														
	At all Ages.	At Ages—Years.						Radford Ward.	Foleshill Ward.	Harnall Ward. (H)	Swanswell Ward.	Bablake Ward.	Chelyesmore Ward. (W)	Hearshall Ward.	Grey Friars Ward.	Hill Fields Ward.	All Saints Ward.	St Mary's Ward.	Stoke Ward.	Total Cases removed to Hospital.	
		Under 1	1 and under 5.	5 and under 15.	15 & under 25.	25 & under 45.	45 & under 65.														65 & upwards.
Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera (C) Plague (P) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Group)	108	3	41	54	4	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	55*	1	..	5	6	18	16	8	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	183	..	35	116	22	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric fever	3	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing fever (R) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued fever (C) .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal fever	6	..	..	..	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	42	42	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis	488	1	6	81	108	240	45	7	..	..	..	..	..	..	..	..	..	..	..	..
Other forms of Tuberculosis	70	5	11	31	11	11	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	1111*	43	471	546	17	27	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	2066	95	561	835	170	315	66	15	146	216	179	163	66	124	291	53	123	130	131	444	351

* 1 Erysipelas without age. Mark (H) indicates the locality in which the City Hospital is situated. (Built for 102 beds)
5 Measles. Mark (w) indicates the locality in which the Workhouse is situated.

† These are cases removed to Sanatoria only.

Isolation Hospital or Hospitals, Sanatoria, &c.:—City Hospital, Coventry, and Pinley (Small Pox) Hospital, in Coventry Rural District (City Council)
Bramcote, Winsley, Northwood and other Sanatoria (v. report).

Military cases included in above: Measles, 1; Pulmonary Tuberculosis, 5.

TABLE III.—Causes of, and Ages at Death during Year 1918.

CAUSES OF DEATH.			Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District (a).									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District (b).
			All ages.	Under 1 year.	1 and under 2.	5.	5 and under 15	15 and under 25.	25 and under 45.	45 and under 65.	65 and upwards.	
			2	3	4	5	6	7	8	9	10	
1												11
All causes	Certified (c)	..	1937	254	74	101	110	164	422	405	417	438
	Uncertified	..	10	3	1	2	..	..	1	1	2	1
Enteric Fever	..	..	1	..	..	..	..	..	1	..	..	1
Small Pox	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	8	1	3	2	2	..	..	..	..	3
Scarlet Fever	..	..	4	..	..	1	2	1	..	..	..	3
Whooping Cough	..	..	11	2	4	4	1	..	..	..	..	..
Diphtheria and Croup	..	..	20	2	3	9	6	..	..	..	..	11
Influenza	..	..	463	10	15	37	33	79	200	65	24	67
Erysipelas	..	..	4	..	..	..	1	..	1	1	1	1
Phthisis (Pulmonary Tuberculosis)	..	..	171	..	..	1	5	34	82	43	6	31
Tuberculous Meningitis	..	..	21	3	4	7	4	2	1	..	..	3
Other Tuberculous Diseases	..	..	20	1	2	3	3	5	5	1	..	12
Cancer, malignant disease	..	..	116	1	..	..	1	..	12	61	41	25
Rheumatic Fever	..	..	10	..	..	..	1	2	2	3	2	3
Meningitis (See note (d))	..	..	13	5	2	..	3	..	2	1	..	2
Organic Heart Disease	..	..	118	..	..	..	3	6	16	48	45	24
Bronchitis	..	..	136	26	9	2	1	1	8	36	53	29
Pneumonia (all forms)	..	..	176	25	27	20	14	18	29	27	16	19
Other diseases of Respiratory organs	..	..	20	..	..	..	1	..	4	6	9	1
Diarrhoea and Enteritis.	..	..	..	..	..	..	..	..	..	..	..	..
(See note (e))	..	..	33	26	1	..	..	..	..	2	4	9
Appendicitis and Typhlitis	..	..	8	..	..	1	2	1	2	2	..	7
Cirrhosis of Liver	..	..	4	..	..	..	..	..	..	2	2	..
Alcoholism	..	..	..	..	..	..	..	..	..	..	..	1
Nephritis and Bright's Disease	..	..	27	1	..	..	3	3	3	11	6	10
Puerperal Fever	..	..	3	..	..	..	..	1	2	..	..	1
Other accidents and diseases of Pregnancy and Parturition	..	..	12	..	..	..	..	2	10	..	..	5
Congenital Debility and Malformation, including Premature Birth	..	..	112	112	..	..	..	..	..	..	..	18
Violent Deaths, excluding Suicide	..	..	27	2	..	5	2	7	6	5	..	11
Suicide	..	..	5	..	..	..	..	..	3	2	..	1
Other Defined Diseases	..	..	381	38	4	11	21	..	33	78	206	139
Diseases ill-defined or unknown	..	..	23	2	1	..	1	2	1	12	4	2
			1947	257	75	103	110	164	423	406	419	439
Sub Entries included in above figures.												
14A. Cerebro-spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..
28A. Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..
*Lobar Pneumonia	..	..	26	..	1	2	2	3	10	7	1	..
*Pneumonia (type not stated)	..	..	91	12	6	7	7	14	18	16	11	..

* Sub-Entries should here be made for other deaths which it is desirable to distinguish on account of their administrative importance or special interest (e.g., any deaths from Anthrax, Typhus or Glanders, which have been included under 28, "Other Defined Diseases" or deaths from pneumonia other than broncho-pneumonia which have been included under 17, *Pneumonia all forms*).

NOTES TO TABLE III.

The classification and numbering of Causes of Death are those of the "Short List" on page XXV. of the Manual of the International List of Causes of Death.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the district who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the district, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.

The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.

- (b) All deaths occurring in institutions for the sick and infirm situated within the district, whether of residents or of non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis" (10), but inclusive of Cerebro-Spinal Meningitis.
- (e) Title 19 is used for deaths from Diarrhoea and Enteritis at all ages. (In the "Short List" deaths from Diarrhoea and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28).

N.B.—Deaths of soldiers and sailors occurring in hospitals and institutions in the district are excluded from the total number of deaths registered in the district, and such deaths are in like manner excluded from column 11 of Table III.

TABLE IV.—**Infant Mortality during the year 1918.**

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.					Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 4 Weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes.	Certified	...	...	...	62	11	17	11	101	49	42	33	28	253
	Uncertified	...	...	...	2	...	...	...	3	...	...	1	...	3
{	Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Chicken-pox	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Measles	...	...	...	...	...	...	...	...	...	...	...	1	1
{	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Whooping Cough	...	...	...	...	...	...	...	...	1	1	...	...	2
{	Diphtheria and Croup	...	...	...	...	...	...	...	...	...	2	...	...	2
{	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Tuberculous Meningitis	...	...	...	...	...	...	...	...	1	1	1	...	3
{	Abdominal Tuberculosis (b)	...	...	...	...	...	...	...	...	1	...	...	...	1
{	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	...	1	1	1	2	5
{	Convulsions	...	...	...	1	...	...	1	2	1	4	2	3	12
{	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Bronchitis	...	...	...	...	...	2	...	2	7	7	3	7	26
{	Pneumonia (all forms)	...	...	...	...	...	1	...	1	4	5	10	5	25
{	Diarrhœa	...	...	...	...	1	...	1	2	1	3	3	1	10
{	Enteritis	...	...	...	...	...	...	1	1	7	7	1	...	16
{	Gastritis	...	...	...	...	...	...	...	...	2	1	1	...	4
{	Syphilis	...	...	...	...	...	2	...	2	1	6	1	...	10
{	Rickets	...	...	...	...	...	...	...	...	...	...	...	...	...
{	Suffocation, overlying	...	...	...	...	...	...	...	...	1	...	1	...	2
{	Injury at Birth	...	...	...	1	...	...	...	1	...	...	...	...	1
{	Atelectasis	...	...	...	4	1	...	...	5	...	...	...	...	5
{	Congenital Malformations (c)	...	...	...	4	1	...	...	5	2	1	...	...	8
{	Premature Birth	...	...	...	33	7	10	3	53	8	...	...	...	61
{	Atrophy, Debility and Marasmus	...	...	...	19	2	1	5	27	13	1	2	...	43
{	Other Causes	...	...	...	2	...	1	...	3	1	3	5	8	20
Totals					64	12	17	11	104	49	42	34	28	257

Nett Births in the year :—Legitimate, 2,620 ; Illegitimate, 146.

Nett Deaths in the year of { Legitimate Infants, 229.
 { Illegitimate Infants, 28.

NOTES TO TABLE IV.

(a) The total in the last column of Table IV. equals the total in column 10 of Table I, and in column 3 of Table III.

(b) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.

(c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equal the total in Table III. for ages under one year, under the heading Congenital Debility and Malformation, including Premature Birth.

Want of Breast Milk is included under Atrophy and Debility.

(d) For references to the meaning of any other headings, see notes attached to Table III

Infantile Mortality.

There were 257 deaths of Infants below one year of age; this gives a mortality per thousand births of 92.5. The average mortality for the previous ten years was 89.0.

The following table shows, for the past twenty-five years, the number of deaths of children under one year of age per thousand births in Coventry compared with England and Wales generally :—

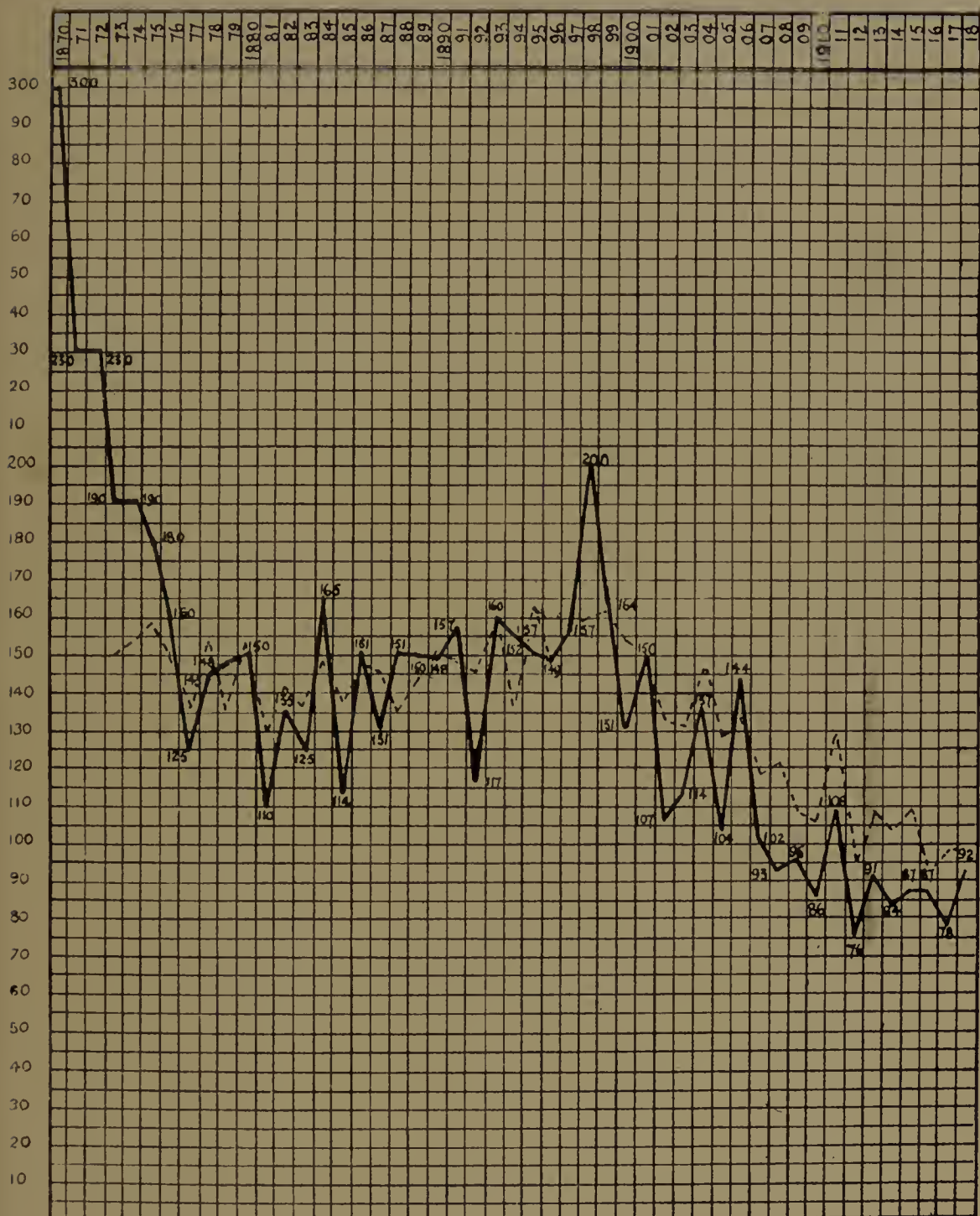
Year.	England and Wales.		Coventry.
1894	...	137	157
1895	...	161	152
1896	...	148	149
1897	...	156	157
1898	...	161	200
1899	...	163	164
1900	...	154	131
1901	...	151	150
1902	...	133	107
1903	...	132	114
1904	...	146	137
1905	...	128	104
1906	...	133	144
1907	...	118	102
1908	...	121	93
1909	...	109	96
1910	...	106	86
1911	...	128	109
1912	...	95	76
1913	...	109	91.6
1914	...	104.8	84.6
1915	...	110.0	87.8
1916	...	91.0	87.5
1917	...	97.0	78.5
1918	...	97.0	92.5

The infantile mortality of the 96 great towns (including London) was 106; that of the 148 smaller towns, 94; and that in England and Wales, 97.

HEALTH VISITORS' REPORT.

Miss Barratt, the Superintendent Health Visitor, furnishes the following Report on the work of the Health Visitors relating to Infant Welfare :—

COVENTRY INFANTILE MORTALITY CHART SINCE 1870.



The black line shews the rate for Coventry.

The dotted line shews the rate for England and Wales.

Owing to an increased staff a larger amount of work has been possible than in previous years. Out of a total of 2,766 births occurring in the City, 2,284 have been visited for the first time and the usual enquiry made concerning the health of the mother and infant. These visits usually take place when the former is convalescent, before she has taken up her usual household duties, and it is just then that a visit is exceptionally valued because the mother is feeling the loss of her nurse or midwife, and is glad of expert advice regarding her baby.

The table accompanying this report gives a summary of the details found concerning the infant and its home conditions. By comparing last year's figures with those of 1918, I find that fewer babies were breast-fed at the time of the first visit, and many more were having a dried milk as a substitute for cow's milk when artificially fed. These two facts alone may be accounted for by the very exceptional strain that many mothers were bearing with regard to the food question in the early months of the year, and the great scarcity of fresh cow's milk for bottle-fed babies all through the twelve months.

Where the Health Visitor found that the mother could not buy cow's milk for herself or her infant, the case was reported to me, and a note given to the mother for presentation at the Food Control Office. After a consultation with the Executive Officer of the the Food Control Committee, I arranged to give a note reporting that Mrs. ——— was unable to purchase milk, and he kindly undertook to see that no delay occurred in the mother receiving a priority form.

The systematic home visitation that has been done from this department for years has proved that it is the only way to ensure each mother being reached. Instances are frequently occurring where a timely visit may have saved a considerable amount of suffering, and perhaps months of ill-health among infants. Two cases were reported to me within a week, where each baby of less than 4 months old was discovered to be having bread-sop. Another small infant of a few weeks old was found having oat-meal gruel, and another baby was having milk, but the quality and quantity were quite unsuitable for its age. In all the above cases, by tactful advice, the mother was found quite willing to change the kind of food and to regulate the quantity according to

directions given; after subsequent visits the infants were reported to be progressing favourably.

During the influenza epidemic at the end of the year the work of the Health Visitors became much more difficult, for in nearly every house they found illness among the inmates, and sometimes every member of the family was confined to bed. Advice was frequently asked by the mother while she was waiting for the doctor's visit, and in a few instances the mother was urged to send for medical help if she had not already done so, because of the serious condition of her child.

RE-VISITS.

There have been 2,410 re-visits made to infants under 12 months, and 1,760 visits to children from 1 to 2 years of age, making a total of 4,170 in all. If, however, the attendance at the infant consultations, 2,167, be added to the above figures, it might be said that the number of times infants have been seen was 6,337 during 1918.

Many of the infants which were entirely breast-fed at birth were found to be partially or wholly bottle-fed on a subsequent visit, and difficulties had arisen with regard to the digestion. Very frequently a warm welcome has been accorded because of help and advice given in former years, and the mother feels that her knowledge is insufficient to deal with the present difficulties.

DEATHS.

Only a few visits where deaths of infants had occurred were found necessary to investigate, for most of the infants who had died were known to be ill and were receiving the best attention prior to the death taking place.

COMFORTERS.

By comparison with last year's figures it is a pleasure to find that the percentage is lower of infants who were found having a "dummy." We feel glad that this pernicious habit is decreasing, and that mothers are at last taking heed of the advice given.

COTS.

The question of cots, cradles, etc., for infants to sleep in at night has always received attention. Many of the mothers are eager to tell the Health Visitor that their baby has slept in a

cradle since birth, before the question can be asked. Others say that a cradle or cot has been ordered, or that they intend to arrange for the baby to sleep alone in a few weeks time.

INVESTIGATION REGARDING WORK PREVIOUS TO THE BIRTH OF THE CHILD, AND HOME CONDITIONS OF THE MOTHER.

During the year an enquiry was made by the Health Visitors at each house visited concerning the work done by the mother (if any) previous to the birth of her baby. Out of the 2,583 births enquired into, including 94 still-births, 2,437 had occurred at home, 77 in the Infirmary, 60 in Nursing Homes, and 9 in the Coventry and Warwickshire Hospital. Out of these 304 women were said to have worked on munitions, and 127 had done work of another nature, while 2,152 were engaged in their own household duties. At the time of enquiry, a standard was kept in mind, and the birth was said to have taken place in either "satisfactory" or "unsatisfactory conditions"; out of the entire number enquired into, 24 were considered "unsatisfactory."

The homes deemed "unsatisfactory" were chiefly those where the room in which the confinement had taken place was what is known as a "combined room," where the mother, father and children (if any) had to sleep by night and live by day; also those where the mother complained that she could not obtain any assistance for herself and her children beyond that which her husband could do when he returned from work. Doubtless many others did not present "ideal" conditions, and the advantages of a maternity home would have been preferable.

INFANT CONSULTATION CENTRE.

During the year the Infant Welfare Rooms in the basement of the Council House, which have kindly been lent temporarily by the Water Engineer's Department, were altered and furnished for this work. Previous to this a room on the ground floor of the Council House was kindly lent by the Electricity Department, while the alterations were being made.

As a temporary arrangement these two large rooms meet our requirements. The attendances at the Centre have increased during the twelve months; the average for the last quarter of the

year was 71 mothers with their infants each week, while 2,167 attendances were recorded for the year, being an average of 45.1 per week. Each Health Visitor attends once a week for the weighing, seeing at the time the mothers of her own district, and the Superintendent is there each day. The rooms are open on Monday, Tuesday and Wednesday afternoons, from 2.30 to 4 o'clock.

Babies and young children are weighed, and care and thought are expended on delicate infants, and where it is considered advisable the mother is urged to take her infant to a Doctor, or obtain medical advice from the hospital. Hospital Tickets are distributed when necessary. Weight charts are in use for each child.

Clothes, as pattern garments, for infants are displayed in one of the rooms, and paper patterns are given away as desired; the designs of the garments are chosen for their simplicity and usefulness.

Dried milk was sold at cost price for the convenience of mothers with artificially fed infants, and also groats in 2lbs. packets to nursing mothers, owing to the fact that this food was unprocurable in the usual way.

Ninety-two mothers took advantage of the opportunity to purchase groats for themselves, while 161 bought dried milk for their infants. At the same time 36 lbs. of groats were distributed free to eight mothers and 418 lbs. of dried milk were also allowed free of cost for varying lengths of time to 22 infants, owing to their mother's inability to pay for it.

BIRTHS VISITED DURING THE YEAR 1918.

Total number, 2,284.

	Totals.	Percentage.
Kind of feeding—		
(1) Entirely breast fed	1762	77·1
(2) Hand and breast fed	73	3·1
(3) Entirely hand fed	361	15·8
(4) Unclassified	88	3·8
Kind of food—(when hand-fed)—		
(1) Fresh cow's milk and water ...	196	45·1
(2) „ „ and barley water	36	8·2
(3) „ „ with Patent Foods	32	7·3
(4) Dried Milk	145	33·4
(5) Condensed Milk	23	5·3
(6) Biscuits, bread-sop, etc. ...	2	0·4
Mode of feeding —		
(1) Boat shaped bottle	404	93·0
(2) Long Tube bottle	16	3·6
(3) Both	2	0·4
(4) Spoon	12	2·7
Class of house : rent—		
(1) Up to 5/-	440	19·2
(2) Above 5/- up to 8/-	1416	61·9
(3) Above 8/-	340	14·8
(4) Unclassified	88	3·8
Overcrowded Houses—		
More than two persons } No. of houses per bedroom	1105	48·3
Not classified—		
Wrong address given, or removed, or death of baby before visit ...	88	3·8
Infants sleeping in cots	1588	69·5
Promises to get cots	325	14·2
Comforters used	665	29·1

Zymotic Disease.

The deaths and death-rate from the seven principal infectious diseases are set out below :—

	Notified.	Died.	Case Fatality per cent.
Small Pox ...	—	—	—
Scarlet Fever ...	183	4	2.18
Diphtheria ...	108	20	18.50
Typhoid Fever ...	3	1	33.33
Measles ...	1,111	8	0.72
Whooping Cough ...	—	11	—
Diarrhœa ...	—	12	—
		56	

This corresponds to a death-rate of 0.42. The average for the previous ten years is 1.13. The proportion of this rate attributable to each of these diseases is shown below, together with a comparative statement of the similar figures for the rest of the country (except in regard to Diarrhœa, in which case the figures give the number of deaths from this cause among children under two years of age per 1,000 births).

	Coventry	England and Wales.	96 Great Towns.	148 smaller Towns.
Small Pox	0.00	0.00	0.00	0.00
Scarlet Fever	0.03	0.03	0.04	0.02
Diphtheria	0.15	0.14	0.15	0.14
Typhoid Fever	0.007	0.03	0.02	0.03
Measles	0.06	0.28	0.36	0.25
Whooping Cough	0.082	0.29	0.34	0.25
Diarrhœa and Enteritis .. (See note above).	4.33	10.99	14.46	9.73

It will be noted that in all of these specified diseases Coventry compares not unfavourably with the rest of the country; and that the advantage in regard to the local figures is especially marked in the case of Diarrhœa and Enteritis.

Deaths from the seven principal Zymotic diseases which have occurred in Coventry during the past 49 years :—

Year.	Small Pox.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Measles.	Whooping Cough.	Diarrhoea.
1870	1	18	15	9	84
1871	166	..	5	5	18	35	59
1872	57	..	2	8	5	15	77
1873	9	15	18	28	45
1874	11	149	5	7	45
1875	..	4	7	16	..	16	61
1876	..	9	2	30	19	25	28
1877	..	2	2	19	3	3	24
1878	..	8	8	20	14	24	47
1879	..	2	2	7	18	18	24
1880	..	3	3	36	6	10	96
1881	1	5	11	58	2	8	24
1882	..	10	2	17	17	4	18
1883	..	7	..	2	3	5	35
1884	..	5	..	3	18	29	50
1885	..	2	1	10	..	2	20
1886	..	14	..	18	49	31	49
1887	..	7	2	14	..	9	40
1888	..	3	..	6	1	14	25
1889	..	2	1	13	50	8	38
1890	..	4	5	2	1	3	45
1891	..	7	1	..	36	15	29
1892	..	9	..	..	4	4	30
1893	..	9	1	..	..	7	44
1894	1	6	3	13	54	25	15
1895	..	5	3	19	3	20	61
1896	..	12	3	9	35	8	44
1897	..	3	4	6	16	6	80
1898	..	6	5	10	29	4	131
1899	..	18	5	3	13	39	63
1900	..	6	22*	17	50	2	75
1901	..	15	31*	18	3	32	83
1902	..	6	31*	10	..	9	28
1903	3	2	34*	5	57	15	34
1904	1	1	11*	10	..	48	49
1905	..	6	13*	1	60	1	31
1906	..	4	12*	5	1	38	138
1907	..	1	10*	4	20	4	34
1908	..	1	8*	7	3	20	47
1909	..	4	11*	24	67	29	18
1910	..	5	15*	25	6	10	16
1911	..	1	17*	30	66	30	51
1912	30*	17	52	34	6
1913	..	2	33*	2	9	22	21
1914	..	2	12*	6	25	15	24
1915	..	5	37*	14	87	13	16
1916	..	1	49*	6	42	45	14
1917	..	1	26*	4	21	1	9
1918	..	1	20*	4	8	11	12

* The Deaths from Membranous Croup are here included.

BACTERIOLOGICAL DIAGNOSIS OF INFECTIOUS DISEASE.

Advantage is being taken of the facilities afforded by your Council to medical men to obtain bacteriological assistance in the diagnosis of infectious disease. The total number of specimens examined is given below.

	Samples sent.	Result positive.	Result negative.
Typhoid Fever	...	4	—
Diphtheria	...	528	140
Phthisis	...	208	39
Influenza	...	1	—
Syphilis	...	544	183
Gonococci or Pneumococci	1	—	1
	1286	362	866

Of the above specimens 231 diphtheria swabs were sent from the City Hospital, and 427 Wassermann samples from the Coventry and Warwickshire Hospital.

Epidemic Diarrhœa.

Twelve deaths were registered as due to Epidemic Enteritis and four to Diarrhœa not returned as infective. Reference to the table on page 33 will show how this figure compares with previous years. In this table deaths from such ill-defined causes as Enteritis, Gastro-enteritis, etc., are not included.

Measles.

Eight deaths were registered as due to Measles. All of these, with two exceptions, were among children under five years of age.

In 1915 an Order of the Local Government Board made Measles and German Measles notifiable diseases. During 1918 there were 1,111 cases notified.

Of the total above given, 1,071 were classed as Measles, and 40 as German Measles or Rubella.

Of these 1,111 notifications received, all were from medical men, except in 13 instances, when the notifications came from parents or others. These latter cases were visited by the Health Visitors.

One thousand and thirty-eight cases of Measles among school children were visited by the School Nurses.

MEASLES, 1890—1918.

Year.	Population.	No. of cases notified.	No. of deaths.	Mortality per 10,000 of the population.
1890	49,500	..	1	0.20
1891	52,724	1,341	36	6.82
1892	54,000	332	4	0.74
1893	54,700	39	..	..
1894	55,300	2,353	54	9.76
1895	56,000	116	3	0.53
1896	59,151	1,205	35	5.91
1897	61,234	..	16	2.61
1898	61,555	..	29	4.71
1899	61,796	..	13	2.10
1900	70,075	..	50	7.13
1901	70,300	..	3	0.42
1902	73,000	..	..	..
1903	75,700	..	57	7.52
1904	77,500	..	..	..
1905	81,000	..	60	7.40
1906	83,900	..	1	0.11
1907	87,000	..	20	2.29
1908	91,000	..	3	0.32
1909	93,500	..	67	7.16
1910	102,000	..	6	0.58
1911	107,287	..	66	6.15
1912	111,166	..	52	4.67
1913	115,064	..	9	0.78
1914	119,003	..	25	2.10
1915	122,982	..	87	7.07
1916	127,089	2,432	42	3.22
1917	130,000	871	21	1.61
1918	133,000	1,111	8	0.60

Arrangements have been entered into with the Coventry District Nursing Association and with the Foleshill District Nursing Association for the home nursing of cases of Measles or German Measles when this appears to be called for.

Scarlet Fever.

One hundred and eighty-three cases of Scarlet Fever were notified during the year, and four deaths were registered as due to this disease. A reference to the table on page 36 shows the comparison of these figures with those of other years.

A reference to the table on page 22 will show that the cases occurred all over the City.

One hundred and forty-two of the notified cases were removed to the City Hospital, that is 77.5 per cent were so removed.

It may be noted that the local incidence rate of Scarlet Fever in 1918 was lower than it has been in the past 25 years.

**Comparison of Scarlet Fever Cases, Removals to Isolation Hospital,
and Deaths from Scarlet Fever.**

Year.	Estimated Population	Total No. of cases notified.	No. of deaths regist'rd	Fatality per cent.	No. of cases treated in Hospital	Attack rate per 1000pop- ulation.	Per- centage removed to Hospital	Mortality per 1000 popula- tion.	Average Mortality per 10,000.
1870	37,300	..	18	·48	7·29
1871	37,670	..	5	..	..	..	..	·13
1872	38,100	..	8	..	..	..	..	·20
1873	38,450	..	15	..	..	..	..	·39
1874	38,950	..	149	..	..	..	..	3·82
1875	39,446	..	16	..	12	..	..	·40
1876	39,890	..	30	..	22	..	..	·75
1877	40,344	..	19	..	36	..	..	·47
1878	40,778	..	20	..	34	..	..	·49
1879	41,222	..	7	..	46	..	..	·16
1880	41,666	..	36	..	90	·86	4·03
1881	42,111	..	58	..	156	..	..	1·37
1882	42,750	..	17	..	47	..	..	·39
1883	44,000	..	2	..	26	..	..	·04
1884	44,500	..	3	..	30	..	..	·06
1885	45,000	..	10	..	97	..	..	·22
1886	45,500	..	18	..	84	..	..	·39
1887	46,500	..	14	..	142	..	..	·32
1888	47,500	..	6	..	162	..	..	·12
1889	48,500	..	13	..	176	..	..	·26
1890	49,500	67	2	3·0	58	1·35	86·5	·04	1·04
1891	52,724	42	0	·0	37	·79	88·0	·0	
1892	54,000	38	0	·0	27	·70	71·0	·0	
1893	54,700	33	0	·0	25	·60	75·7	·0	
1894	55,300	385	13	3·3	319	6·96	82·8	·23	
1895	56,000	439	19	4·3	408	7·66	92·9	·33	
1896	59,151	313	9	2·9	288	5·29	94·2	·15	
1897	61,234	221	6	2·7	216	3·60	97·7	·09	
1898	61,555	278	10	3·6	266	4·5	95·3	·16	
1899	61,796	188	3	1·6	183	3·0	97·3	·04	
1900	70,075	637	17	2·5	609	9·09	95·6	·24	1·24
1901	70,300	781	18	2·3	384	11·1	49·1	·25	
1902	73,000	245	10	4·0	211	3·3	86·1	·13	
1903	75,700	121	5	4·1	110	1·6	90·9	·06	
1904	77,500	222	10	4·5	197	3·0	88·7	·13	
1905	81,000	249	1	·4	225	3·0	90·3	·01	
1906	83,900	312	5	1·6	286	3·7	91·6	·06	
1907	87,000	247	4	1·6	229	2·8	92·5	·04	
1908	91,000	238	7	2·9	225	2·6	94·5	·07	
1909	93,500	704	24	3·4	566	7·5	80·3	·25	
1910	102,000	1201	25	2·0	877	11·7	73·0	·24	1·04
1911	107,287	1342	30	2·2	971	12·5	72·3	·28	
1912	111,166	681	17	2·4	555	6·1	81·4	·15	
1913	115,064	244	2	0·82	236	2·1	96·3	·01	
1914	119,003	652	6	0·92	520	5·4	79·7	·05	
1915	122,982	656	14	2·13	530	5·3	80·7	·11	
1916	127,089	395	6	1·51	312	3·1	79·4	·04	
1917	130,000	291	4	1·37	226	2·2	77·6	·03	
1918	133,000	183	4	2·18	142	1·3	77·5	·03	

Small Pox.

No cases of Small Pox were notified during the year.

Vaccination.

The following are the returns of the Vaccination Officer for the past five years :—

Year.	Births.	Deaths Unvaccinat'd	Vaccinated.	Unvaccinat'd	Percentage Vaccinated
1914	3203	189	545	2450	17·0
1915	2936	176	650	2235	22·1
1916	2996	249	686	2061	22·9
1917	2738	154	360	2224	13·0
1918	2857	188	308	2361	10·7

Declarations made of Conscientious Objection.

1914	...	...	2067
1915	...	...	1867
1916	...	...	1946
1917	...	...	1830
1918	...	...	1763

It will be seen that this community is becoming largely an unvaccinated one.

Typhoid Fever.

There were three cases notified as Typhoid Fever, and one death was attributed to it. Only in the case of one of these was admission to the City Hospital desired, and this case was there diagnosed as Pneumonia, and not Typhoid Fever. The fatal case was a death from sequela (Peripheral Neuritis) arising six months after an attack, which occurred in the previous year.

Diphtheria.

During the year 108 cases of Diphtheria were notified, and 20 deaths were registered as due to it.

The table shows how these figures compare with those of previous years. It may be noted that the incidence rate of Diphtheria was lower than it has been since 1907.

Scrum is provided free of cost by your Sanitary Committee, and is used in the large majority of cases.

**Comparison of the Fatality, Incidence, and Mortality of
Diphtheria in different years.**

Year.	Estimated Population.	Total No. of Cases Notified.	No. of Deaths Registr'd.	Fatality per cent.	No. of Cases Treated in Hospital.	Attack Rate per 1000 Popula- tion.	Per- centage removed to Hospital.	Mortality per 1000 Popula- tion.
1890	49,500	15	6	40·0	..	0·30	..	0·120
1891	52,724	14	4	28·5	..	0·26	..	0·075
1892	54,000	19	2	10·5	..	0·35	..	0·037
1893	54,700	10	2	20·0	..	0·18	..	0·036
1894	55,300	21	5	23·8	..	0·38	..	0·090
1895	56,000	12	6	50·0	..	0·21	..	0·100
1896	59,151	17	6	35·3	..	0·28	..	0·100
1897	61,234	25	10	40·0	..	0·40	..	0·160
1898	61,555	33	15	45·4	..	0·53	..	0·240
1899	61,796	53	16	30·2	..	0·85	..	0·250
1900	70,075	66	22	33·3	..	0·94	..	0·310
1901	70,300	139	31	22·1	4	1·97	2·8	0·440
1902	73,000	136	31	22·8	3	1·86	2·2	0·420
1903	75,700	127	34	26·7	1	1·67	0·7	0·450
1904	77,500	78	11	14·1	4	1·00	5·1	0·140
1905	81,000	67	13	19·4	3	0·82	4·4	0·160
1906	83,900	59	12	20·3	7	0·70	11·8	0·140
1907	87,000	43	10	23·2	1	0·49	2·3	0·110
1908	91,000	108	8	7·4	9	1·18	8·3	0·087
1909	93,500	121	11	9·0	8	1·20	6·6	0·110
1910	102,000	104	15	14·4	2	1·02	1·9	0·147
1911	107,287	161	17	10·5	13	1·50	8·0	0·158
1912	111,166	216	30	13·8	8	1·94	3·7	0·269
1913	115,064	187	33	17·6	20	1·62	10·7	0·286
1914	119,003	135	12	8·8	9	1·13	6·6	0·010
1915	122,982	209	37	17·7	31	1·69	14·8	0·300
1916	127,089	343	49	14·2	76	2·69	22·1	0·385
1917	130,000	178	26	14·6	34	1·36	19·1	0·200
1918	133,000	108	20	18·5	35	0·81	32·4	0·157

Whooping Cough.

Notifications were received from Head Teachers of Schools as to 148 alleged cases of this disease occurring in the homes of children, and eleven deaths were recorded.

Erysipelas.

Fifty-five cases of this disease were notified, and four deaths were attributed to it.

Puerperal Fever.

Six cases of this disease were notified; three deaths were registered as due to it. A comparison of these figures with those of previous years is given on page 66.

When notified, these cases are visited by the Health Visitors who report about them, and also give advice concerning the disinfection of those in attendance before attending other confinements.

MIDWIVES ACT, 1902.

There were 44 Midwives who notified their intention to practise during the year. Out of these six have acted chiefly as maternity nurses, taking perhaps one or two midwifery cases during the twelve months; one died, four left the City, and one had her name removed from the roll by the Central Midwives' Board.

The formal inspection of midwives is undertaken by the Superintendent Health Visitor, when the books, bags and appliances are seen, and advice given regarding new rules or details occurring in their practice. Visits numbering 131 have been made to midwives in their own homes, besides several interviews which have taken place at the Council House when a midwife has made enquiry regarding some doubtful point in her work. The Health Visitors have made 14 other visits relating to cases of Ophthalmia Neonatorum or Puerperal Fever, making 145 visits altogether.

The midwives' registers show that 2,397 cases have been attended during the year; of these, 150 have occurred outside the City area, leaving 2,247 cases as having taken place in Coventry. Out of these, 280 have been doctors' cases, where a midwife has been in attendance as well. This leaves 1,967 cases attended by midwives out of the total number of births occurring within the City, 2,766.

There have been received 405 notices of sending for medical help during the year (see accompanying table); 5 notifications of death occurring before medical aid could be obtained; and 4 notifications of liability to be a source of infection. 32 letters have been sent to midwives during 1918, five of which have been letters of caution with regard to failure in carrying out the rules of the Central Midwives' Board. Three visits have also been made by the Superintendent Health Visitor with regard to the same offence and a verbal caution given.

In the early part of the year the Sanitary Committee reported a case of gross negligence to the Central Midwives' Board, viz., a midwife failing to call in medical aid for the patient, who became very ill shortly after her confinement. The case was notified by the medical man called in by the mother of the patient, as one of puerperal fever. The evidence against the midwife was that she

could not take a patient's temperature or pulse, as laid down in the rules of the Central Midwives' Board, and that she failed to recognise serious symptoms indicating that medical aid should be sought. The case was heard before the Board in London; Miss Barratt, as Inspector of Midwives, was asked to attend and report on the work of the midwife. The decision arrived at was that her name should be removed from the Roll.

Another instance of a midwife failing to call in medical aid in accordance with the rules laid down by the Central Midwives' Board was reported to the Board; the midwife having on two occasions been cautioned for a similar fault, viz., that of neglecting to call in a doctor for discharging eyes of an infant. Miss Barratt was asked to appear before the Board at the time the case was heard and report on the work of the midwife. The Board decided to withhold their verdict for the time being, desiring that reports of the midwife's work be sent to them, at intervals of three months, by the Medical Officer of Health, and at the end of six months the case was dismissed with a caution, as the reports were favourable.

The causes of sending for medical help were as follows :—

<i>For the Mother.</i>				<i>For the Child.</i>			
Prolonged Labour	...	...	74	Inflammation of or Discharge from			
Lacerated Perineum	.	...	64	Eyes	...	...	56
Premature Birth	...	...	26	Debility	...	...	30
Rise of Temperature	..	...	23	Rash	...	...	5
Adherent Placenta or Membranes			21	Deformity	...	...	5
Hæmorrhage	...	...	15	Phimosis	...	...	3
Abnormal Presentation	...	...	14	Jaundice	...	...	2
Breech	...	...	8	Convulsions	...	...	1
Prolapse of Cord	...	...	8	Other Causes	...	...	9
Abortion or threatened Abortion			7				
Eclampsia	...	...	4				
Purulent Discharge	...	...	4				
Œdema	...	...	4				
Pain in Leg	...	...	3				
Exhaustion	...	...	2				
Abdominal Pain	...	...	2				
Excessive Sickness	...	...	2				
Contracted Pelvis	...	...	1				
Placenta Prævia	...	...	1				
Other Causes	...	...	11				
294				111			

Cerebro-Spinal Fever and Acute Poliomyelitis.

No cases of Acute Poliomyelitis or of Cerebro-Spinal Fever were notified.

Tuberculosis.

The table on page 43 shows that there were registered 171 deaths as due to Pulmonary Tuberculosis, and 41 to other forms of Tuberculosis.

The number of new cases notified under the Regulations of the Local Government Board is set out in the table on page 42.

The routine steps taken locally to combat this disease have been dealt with in previous reports.

The following table is drawn up on the lines recommended by the late Dr. Bulstrode, of the Local Government Board, showing the position, so far as "remaining well" is concerned, of those patients who have gone from Coventry to Sanatoria:—

PATIENTS.

Year of Admission.	No. Admitted	Left Coventry, unable to trace.	Known to be Remaining well at end of year.									
			1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
1909	19	...	11	10	8	7	5	4	4	4	3	3
1910	20	...	...	12	13	10	7	5	6	5	4	2
1911	23	3	...	...	15	16	12	9	11	9	9	6
1912	46	3	...	...	...	19	23	21	19	21	14	14
1913	60	12	...	...	...	...	33	38	35	30	26	26
1914	119	21	...	...	...	...	...	43	63	54	42	42
1915	139	14	...	...	...	...	...	...	86	81	81	71
1916	194	18	...	...	...	...	...	...	...	114	111	100
1917	179	12	...	...	...	...	...	...	...	...	104	97
1918	157*	9	...	...	...	...	...	...	...	...	...	51
	956	92										412

Out of the total (412) remaining well at the end of the year. 406 are said to be at work daily, or in the case of children at school.

* Out of this number (157) there were 25 patients in Sanatoria on December 31st, 1918.

Deaths from Tuberculosis during the last 45 years.

Year.	Esti- mated Popu- lation.	Phthisis.	Phthisis Death Rate	Other forms of Tuber- culosis.	Totals.	Tuber- culosis Death Rate.	Averages of Tuber- culosis Death Rates.
1874*	39,000	38	1.94	12	50	2.56	2.53
1875	39,446	83	2.14	34	117	2.96	
1876	39,890	70	1.76	22	92	2.30	
1877	40,344	66	1.63	29	95	2.35	
1878	40,778	84	2.06	13	97	2.37	
1879	41,222	89	2.15	22	111	2.68	2.15
1880	41,666	78	1.87	36	114	2.74	
1881	42,111	65	1.54	28	93	2.20	
1882	42,750	62	1.47	22	84	1.96	
1883	44,000	74	1.78	15	89	2.02	
1884	44,500	82	1.84	18	100	2.24	1.93
1885	45,000	72	1.60	16	88	1.74	
1886	45,500	60	1.31	13	73	1.60	
1887	46,500	70	1.50	25	95	2.04	
1888	47,500	61	1.28	15	76	1.60	
1889	48,500	103	2.12	11	114	2.33	1.82
1890	49,500	91	1.84	21	112	2.26	
1891	52,724	78	1.47	14	92	1.71	
1892	54,000	79	1.46	33	112	2.07	
1893	54,700	70	1.28	30	100	1.82	
1894	55,300	73	1.32	32	105	1.88	1.72
1895	56,000	70	1.25	27	97	1.73	
1896	59,151	86	1.45	19	105	1.78	
1897	61,234	69	1.12	33	102	1.66	
1898	61,555	64	1.03	28	92	1.49	
1899	61,796	85	1.37	29	114	1.84	1.51
1900	70,075	105	1.49	36	141	2.01	
1901	70,300	83	1.18	35	118	1.67	
1902	73,000	81	1.10	39	120	1.64	
1903	75,700	87	1.15	43	130	1.71	
1904	77,500	78	1.00	30	108	1.39	1.39
1905	81,000	75	0.92	29	104	1.28	
1906	83,900	88	1.04	40	128	1.51	
1907	87,000	108	1.24	42	150	1.72	
1908	91,000	120	1.31	41	161	1.76	
1909	93,500	97	1.03	37	134	1.43	1.57
1910	102,000	88	0.87	49	137	1.35	
1911	107,287	87	0.80	30	117	1.08	
1912	111,166	115	1.03	34	149	1.34	
1913	115,064	140	1.21	36	170	1.52	
1914	119,003	150	1.26	30	180	1.51	1.57
1915	122,932	152	1.23	39	191	1.55	
1916	127,089	156	1.22	41	197	1.55	
1917	130,000	156	1.20	50	206	1.58	
1918	133,000	171	1.28	41	212	1.59	

* Latter half of year only.

REPORT OF THE TUBERCULOSIS OFFICER.

Dr. J. Mc G. Williams reports as follows :—

“ During 1918, the work at the Dispensary in the Quadrant followed the general lines of the previous year. There was an increase in the number of attendances of the patients.

The number of new cases was 420, as compared with 393 in 1917. Twenty-one of these were examined in their own homes.

The Dispensary is open from 7 to 9 p.m. on Tuesdays, and 2 to 5 p.m. on Fridays. Patients can be seen on any day by appointment.

In June last it was decided that the arrangements for sending patients to Sanatoria and Hospitals for the whole area of the Joint Committee should be made at this Dispensary.

Preferential Sanatorium treatment has to be given to discharged sailors and soldiers, and it is sometimes difficult to find beds for these men immediately on their discharge from the Services. So far, however, none of them have had to wait more than a few days for admission.

Dr. Bigg, the Medical Superintendent of Bramcote Sanatorium resigned in August, 1918, and Dr. Edwards took up his duties there early in the following October.

In July, 1918, the Joint Committee took over from the Coventry Corporation the lease of six beds at Winsley Sanatorium, near Bath, and these beds are now available for County patients as well as patients living in Coventry.

The following tables give the usual information regarding the patients. The figures dealing with recruits examined for the Army are given separately at the end of this report.

New Patients—

Insured Males	216	} 420
Uninsured Males	...	...	...	57
Insured Females	...	...	...	63
Uninsured Females	...	...	...	84
Pulmonary	364	} 420
Non-Pulmonary	...	...	...	16
Non-Tubercular	...	...	...	40

		On Dispensary Treatment 1st January, 1918.	Put on Dispensary Treatment during 1918.	Total.	
Insured	..	14	9	23	} 72
Uninsured	..	22	27	49	

Contacts Examined.	Tubercular.	Not Tubercular.	Doubtful—under observation.
28	12	10	6

Total Attendances of patients ... 2,452

Attendances of County patients .. 319

Stage of Disease (New Cases). Turban Gerhardt.

Stage I.	Stage II.	Stage III.	Non-Pulmonary.	Not Tubercular.	Total.
248	87	29	16	40	420

Most of the 40 cases that were not definitely tubercular were found to be suffering from such diseases as Chronic Bronchitis, Asthma and Bronchiectasis. They are being kept under observation. This number is excluded from the remaining tables.

Age Periods (New Cases).

0-5.	5-10.	10-15	15-20.	20-25.	25-30.	30-35.	35-40.	40-45	45-50.	Over 50.	Total.
8	30	40	42	50	70	55	43	27	9	6	380

Condition of Teeth (New Cases).

Good, up to 4 Decayed.	More than 4 Decayed.	Pyorrhoea.	Dentures, Partial or Complete.	Total.
204	92	36	48	380

Family History of Tuberculosis (New Cases).

Near Relatives.	Distant Relatives.	No Relatives Tubercular.	Total.
103	60	217	380

During 1918, 27 patients were sent to Winsley Sanatorium, near Bath; of these 25 were insured and 2 uninsured. 26 com-

pleted their course of treatment during the year, and the average length of stay was 7.45 weeks.

118 patients were admitted to Bramcote Sanatorium during the year: of these 81 were insured and 37 uninsured. 104 completed their course of treatment in 1918, and the average length of stay was 7.39 weeks. 27 patients had 12 weeks or more Institutional treatment, and 40 had 8 weeks. The average for the two Sanatoria is 7.42 weeks, as against 6 weeks in 1917. One case of Pulmonary Tuberculosis (uninsured) had 12 weeks' treatment at Northwood Sanatorium, and 1 case of caries of the spine (uninsured) had 18½ weeks in the Warneford Hospital, Leamington.

The Coventry Insurance Committee sent two "Pensions Ministry cases" (cases not likely to benefit materially by Institutional treatment, but who should be in an Institution) to sanatoria (Nottingham Fever Hospital and the Beechwood Sanatorium, Newport).

150 cases (some of whom were admitted in 1917) were examined soon after their discharge from sanatoria, and the following table gives the condition of their lungs.

Much Improved.	Improved.	Stationary.	Worse.	Total.
14	101	30	5	150

One patient (a discharged soldier) died in Bramcote Sanatorium. It will be seen that fewer patients were sent to Sanatoria than in 1917, and that they stayed longer. The results on the whole are better.

362 cases of twelve months duration and over were examined with a view to ascertain their working capacity. The cases were not selected, but the information was noted during the annual re-examinations of the old cases.

Doing some work at date of examination.	Not working, but able to do light work.	Unfit for work of any kind.	Total.
270	22	70	362
75%	6%	19	

Contacts.—Fewer contacts were sent for examination than in the previous year.

Tuberculin.—This was used in suitable cases. The results in the gland cases and in a few cases of bone disease were good.

Shelters.—At the end of the year 1917, the Coventry City Council entered into an agreement to hire their shelters for tubercular persons to the Warwickshire and Coventry Joint Committee. This arrangement continued during 1918. On the 31st December, 1918, 15 shelters were in use; 14 of these were occupied by Coventry patients, and one was in use at Mere End by a Warwickshire patient. During the year 3 shelters were taken down on ceasing to be required, and 7 were erected at new addresses.

Children.—90 children (up to 16 years) attended the Dispensary. 80 were pulmonary and 10 non-pulmonary; 41 were boys and 49 girls. The pulmonary cases were classified into Stage I., 51; Stage II., 10; Stage III., 4; not definitely tubercular, 15.

Dental Treatment.—This treatment (extractions) has been continued at Bramcote Sanatorium, with good results. The Coventry Insurance Committee supplied two cases with artificial dentures.

After Care.—The Tuberculosis Nurse tried to obtain outdoor employment, clothing, and financial help for some of the patients. A certain measure of success attended these efforts, but much more might be done by more organised effort in this direction. A gift of clothing was received from Lady Peel's Needlework Guild.

There were 106 applications for help from patients. The following table shows how the cases were dealt with:—

Suitable employment found	...	...	...	...	10
Financial help	...	...	...	...	19
Clothing supplied	...	...	...	...	25
Pensions obtained or increased...	...	...	...	...	8
Sent to Open Air Schools, Homes, Sanatoria	...	...	...	...	6
Arrangements for admission to Infirmary	...	...	...	...	4
Special nursing arrangements	...	...	...	...	6
Spinal carriage lent	...	...	...	...	3
Nothing done for various reasons	...	...	...	...	25
					<hr/> 106 <hr/>

Sums amounting to £9 18s. 6d. were given to various patients, and 9 had allowances for milk, the funds being derived from charitable sources.

606 visits were made by Nurse Shaw (Tuberculosis Nurse) to patients' homes.

Advanced Cases. The best means of dealing with these cases, which are a danger to their friends and to the public generally, has not yet been found. Some advocate compulsory segregation of all infectious cases, and their maintenance in colonies or institutions separated from the rest of the community. Public opinion has been against this up to the present, partly on sentimental grounds and partly because of the enormous cost involved. The patients in these homes would be probably far away from their relatives, and they would know that their condition was hopeless. Then again, it must be remembered that the death rate from Tuberculosis was steadily declining without segregation up to the outbreak of the war. There can be no possible doubt but that these 'open' cases of Tuberculosis do spread infection; the extent of this infection, however, has never been definitely worked out, and it may have been exaggerated in recent years. The careless patients are the trouble. Those who realise the danger can do much to prevent the infection of others. We have all seen the indiscriminate spitting which goes on in trains, trams, and in the streets. Bye-laws and regulations against this are ignored. Here we have an example of the want of appreciation by the public generally of the dangers involved. Prevention is the most important part of the Tuberculosis Problem, and every possible means should be taken to improve the general health of the population, to improve housing conditions, to provide the best hygienic conditions possible in factories and workshops, to provide a pure milk supply, to prevent 'open' cases infecting others, and to educate the people to make the best of the conditions under which they live.

The Coventry Recruiting Medical Board referred 134 cases of suspected Tuberculosis to the Dispensary for examination. 30 of these were already patients having some form of treatment. These cases presented a good deal of difficulty in grading. A rapid decision was usually necessary. 35 were rejected altogether, 78 were put in Grade 3, 16 in Grade 2, and 5 in Grade 1."

AFTER CARE.

The following is an extract from a report dated October 31st, 1918, made jointly by me with the County Medical Officer of Health and the Tuberculosis Officer, to the After Care Sub-Committee of the Warwickshire and Coventry Joint Committee for Tuberculosis.

“ On May 18th, 1917, your Committee passed the following Resolution :—

‘ That we approve of the principle of the establishment of a Scheme for the training and treatment of suitable patients suffering from tuberculosis; and that the County and City Medical Officers, and the Tuberculosis Officer, be requested to prepare a report setting out the details of such a scheme that they would suggest to us for consideration.

That the County and City Medical Officers and the Tuberculosis Officer be requested to report on a Scheme for the more systematic visitation and, where necessary, the nursing of patients who are attending dispensaries or have been discharged from sanatoria.’

It was, we understood, recognised by your Committee that difficulties existed in the way of any active measures being taken during the war, but it was thought well to consider the matter so that a movement could be made when opportunity offered.

Under the circumstances your Medical Officers have felt themselves at liberty to discuss the matter from various points of view before formulating any definite suggestions. In this process they have become more and more convinced that the problem is more difficult than appears to be suggested in your Committee’s resolution.

It would be comparatively easy to refer to the Astor Report and to say that we now have in working order a sanatorium of a sort, a nucleus of the proposed dispensaries, a Tuberculosis Officer, we lend out shelters, and now all that we have to do to make our scheme complete is to start a Farm Colony, or some such institution, and some additional nursing facilities, and we shall be furnished with all the machinery necessary to eradicate Tuberculosis.

It is because we do not share this view that we think it desirable that the whole question of the prevention of Tuberculosis

should be briefly reviewed, so that any steps that may be contemplated may be placed in their proper perspective and judged of accordingly. With this object in view it is not necessary to deal at length with the history of the disease. Suffice it to say that Phthisis (or Pulmonary Tuberculosis) has existed as a ravaging disease from early ages; in those times diseases were classified by their symptoms, and Phthisis was confused with a number of other chest diseases. It is only during the past two or three hundred years, when the morbid anatomy of diseases was studied, that it became clearly distinguished from other chest diseases, and it was only towards the end of the last century, when the microscope aided so much the study of medicine, that the germ of Tuberculosis was demonstrated (1882) although its existence had for long been suspected. And it was not until after this eventful discovery that it came to be recognised that Tuberculosis was an infectious disease. Some of the writers of this report remember attending medical meetings when its infectious character was a subject of controversy. We lay emphasis on this fact. Although Phthisis had for some thousands of years been one of the most devastating of diseases, it is only comparatively recently that its infectious character has been established. From this it seems fair to conclude that its infectivity *is not very obvious*. This is still further emphasised by the fact that an analogous disease, Leprosy, with a very low degree of infectivity, was recognised as being infectious even in Biblical times. Attention is drawn to these facts because we think that much personal harm may be done by laying too much stress on the infectious character of this illness, and with little corresponding benefit.

Decline of Phthisis Mortality.

It is well known that the mortality from Phthisis and other forms of Tuberculosis has been diminishing steadily since the middle of the last century. The following figures speak for themselves. They show that during this time the mortality from Pulmonary Tuberculosis has been practically halved.

1876-1880	...	...	...	2.04	per 1,000 population.
1881-1885	...	...	...	1.83	.. ..
1886-1890	...	...	...	1.64	.. ..
1891-1895	...	...	..	1.46	.. ..
1896-1900	...	...	...	1.32	.. ..
1901-1905	...	...	...	1.22	.. ..
1906-1910	...	...	...	1.11	.. ..
1911-1915	...	...	...	1.06	.. ..
1916 ...	...	...	...	1.17	.. ..
1917 ...	...	...	...	1.25	.. ..

It cannot be gainsaid that this diminution has been due to the advances that have been made in the sanitary environment of the people, and the greater attention paid to hygienic laws.

Regarding the incidence of the disease we cannot speak with the same certainty. Compulsory notification of Phthisis has only been general since 1912. Also we now know, from a study of a large number of postmortem examinations and from Tuberculin tests, that the vast majority of people at one time or other in their lives suffer from (or rather are affected by) Tuberculosis; the large majority of these recover without any permanent injury, and without the affection ever having been diagnosed. In other words, in only a small proportion are lesions in the lungs produced which are sufficiently pronounced to be readily diagnosed. We think we shall be supported by clinicians in saying that the diagnosis of very early cases of Phthisis is a matter of great difficulty, and the earlier the case the greater is the room for differences of opinion even among the most expert. We think that these considerations have a direct bearing on any scheme relating to "after-care." They show that speaking generally such "after-care" can only affect those who have been the most grossly smitten by the disease. And in fact these are the ones who under existing circumstances find their way in the largest numbers into sanatoria.

In any discussion concerning the establishment of institutions auxiliary to sanatoria it is essential to have clear views concerning their potentialities and the limitations concerning the best use to which they can be put, and in fact the exact role which sanatoria occupy in a campaign designed to *prevent* Tuberculosis; or, on the other hand, are they merely hospitals designed to relieve (or cure if possible) those affected?

In submitting the question in this form we think we have more or less answered it. No one would ever have suggested that Typhoid Fever could have been reduced in this country as it has been, by the establishment of isolation hospitals for the treatment of Typhoid patients. No diseases have ever been eliminated by the provision of hospitals for the treatment of the sufferers. As well might we expect to prevent war by the establishment of hospital accommodation for the wounded. These observations appear so platitudinous that their statement may be regarded as unnecessary. But they do require stating because on so many

hands it is expected, and we think wrongly expected, that sanatoria, dispensaries, etc., form the essentials in a new movement designed to eliminate Tuberculosis from our midst. The sooner such expectations are dispelled the better.

Sanatoria are for the treatment of those affected, and unfortunately they are in the main, owing to various considerations, resorted to by those who cannot be described as early cases. The one principle common to all is the adoption of open-air treatment, and the regulation of life according to fixed hygienic rules. That is, they endeavour to teach the patients how to live under the best sanitary conditions, principles which they have either neglected or which have been impossible in their own homes and work places. Too often these principles are being taught these patients too late to be of any use, or they are being taught to those who cannot, if they would, fully profit by them on their return to their own homes or work places. A change of employment from an indoor or factory life to an open-air occupation is continually advised; advice which it is often easier to give than to adopt. It will be appreciated at once that the success of a sanatorium is thus made dependent on various factors outside itself, *e.g.*, the financial circumstances and home surroundings of the patients; also their mental calibre; it has long been a recognised truism that it is no good to send a fool to a sanatorium.

When open-air sanatoria first came into vogue they were private institutions, and from their very nature could only be resorted to by the well-to-do. Good results in early cases were obtained. And those who advocated the extension of the benefit of sanatorium treatment to the whole population failed to grasp the limitations of this treatment. Sanatorium treatment for the rich is quite a different proposition when applied to the factory worker. The patient in opulent circumstances leaves his work on medical advice; he does so without difficulty either for himself or his dependents; no financial worries disturb his taking the best advice possible; he intends giving his whole time to getting back to health; he proceeds to the selected sanatorium; he remains as long as he is advised, three, six, twelve or more months; on leaving he takes further advice; on this he proceeds, may be, to the South coast, or for a sea voyage; or he winters in the Riviera or in Egypt; should any sign of active disease persist, he takes another sojourn in a

sanatorium, this time perhaps in Switzerland. He is in a position to find the climate most suitable to him, and all this time without the drawback of worries which form a highly adverse influence to the successful combating of this disease.

All of these beneficial conditions are absent in the case of the ordinary working man. Our records show that many are debarred by the thought of dependents from accepting the recommendation to go to a sanatorium; or that they put off this step until its inevitability is forced on them; they go for one month or two months, in a few cases for longer; many return before they should, for financial reasons; and the bulk return to the same home or factory conditions where they developed their illness. In the majority of cases the short stay in a Sanatorium is of benefit; is an education in open-air methods of living; most homes are capable of some improvement in this respect; it raises the patient's hopes, and in a few instances the patient takes the advice given and seeks an open-air occupation; but these are not easy to obtain, and when found, generally mean a large curtailment in the family income.

It is not a practicable proposition to send the consumptive to a sanatorium for the rest of his life, until he is either cured or dead.

Is it to be wondered at that the sanatorium for the factory worker is quite different to the sanatorium for the well-to-do? Recent correspondence in the medical journals as to the limitations of sanatoria affords striking evidence that the experiment of the Insurance Act was founded on hopes that were too sanguine.

(After this followed some quotations from *Health and the State*, by Dr. Wm. A. Brend, including opinions expressed concerning the limitations of Sanatorium treatment.)

Auxiliary Agencies and Other Factors.

We have studied all available published particulars of After-Care Colonies and similar Institutions, and we append to this Report particulars concerning a few of these. Some outstanding features may be noted. (1) They are in this country in quite an experimental stage. (2) They deal as a rule with only a limited number of patients, and (3) where out-door employment is the main consideration, they are not largely resorted to by those who

are most capable of performing self-supporting out-door work.

We think that this movement should be watched, and that it would be desirable to obtain first-hand information concerning existing colonies on the spot before the establishment of such a colony should be attempted or even thought of.

It might, however, be feasible to begin an experiment of this nature on a small scale in connection with the Bramcote Sanatorium. This could, we think, be done without much expense and without much supplementing of the existing staff. In fact, every sanatorium should have available some facilities for giving useful employment, affording the requisite exercise, for patients. The earlier the type of illness the more requisite is this exercise. It is true that light exercise can be obtained by graduated walks; heavier exercise could be obtained by wheeling barrows with graduated weights. Both of these forms of exercise pall in interest, and as they are devoid of any usefulness they lack features essential to the moral and mental refreshment and recreation of the patients. This can best be afforded by some useful form of work. This should be carefully graduated work, carried out under medical supervision. The scheming of such work affords much opportunity for an ingenious imagination.

Practically all patients, male and female, who can do any work at all, can do something in the way of gardening, from light work like weeding to the heavier forms of labour. This has the advantage of being open-air employment. Under proper guidance the patients would soon interest themselves by seeing that they were transforming the present unkempt grounds into a pleasure garden. The area available can be enlarged, and a useful kitchen garden ought to be the result of the combined efforts of the patients.

The occasional painting of the shelters would afford some occupation, and be useful. An open-air workshop would be valuable; skilled patients could be employed at occupations, for strictly limited hours, which would combine interest with utility. New shelters could be made on the spot. The employment of some skilled organiser, perhaps an ex-patient, to supervise and instruct in manual training might be well considered by the Committee as a useful adjunct to the sanatorium.

Any such steps would help to abolish the somewhat prevalent idea that a stay in a sanatorium is a sort of picnic, and we believe

they would have a healthy effect on the tone and discipline of the patients, a phase of sanatorium life that may be overlooked.

Employment on Leaving Sanatoria.

Some of the difficulties in this connection have been already referred to. A considerable amount of attention has been given to this matter by the Tuberculosis Officer; with the assistance of the Tuberculosis Nurse and the help of various existing agencies he has been able to find outdoor employment for a number of ex-sanatorium patients. A statement concerning his work in this connection is appended to this report. We think that more could be done in this connection if this activity were taken up by the "After-Care" Committee, perhaps with the assistance of Sub-Committees or corresponding members interested in the matter in various parts of the Joint Committee's area.

Such a Committee might also concern itself with matters relating to the assistance of the dependents during the illness; these matters do not apparently come within the province of the Joint Committee, yet, as we have shown, they are of considerable importance. The co-operation of existing charitable agencies might in certain cases be obtained.

Nursing Facilities.

Your Committee requested that this report should include a scheme 'for the more systematic visitation, and where necessary the nursing of patients who are attending dispensaries or have been discharged from sanatoria.'

(a) The visitation of such patients is at present undertaken by the Tuberculosis Nurse and the Health Visiting Staffs of the County and the City. There are at present 17 Health Visitors and School Nurses on the Staff of the County, and 6 Health Visitors and 3 School Nurses on the Staff of the City. We are of the opinion that these are the proper agency to employ for this purpose; and that these staffs should be strengthened as and when the necessity arises.

(b) In regard to any nursing that may be required we do not think that the nursing of Tuberculosis should be divorced from other forms of home nursing; and if in any part of the area the facilities offered by existing District Nursing Associations are not sufficient, these should be extended, and if necessary assisted by the County and City Councils.

Prevention of Tuberculosis.

There are various other matters related to after-care of individual patients which are of still greater importance from the point of view of prevention. They are matters which should continually be borne in mind by an After-Care Committee, *e.g.* :—

(1) First and foremost we place HOUSING CONDITIONS. Something can be done in many cases to improve existing conditions in houses where consumptives live. Under the Public Health Acts windows can be made openable where this was not the case before by reference to the Local Sanitary Authority. This is done in some cases (though the existing anomalous distribution of powers among small Sanitary Authorities does not lend itself to efficiency).

More important is the entire problem of HOUSING; healthy houses for the healthy is the real object aimed at. Colonies for Consumptives (and now we hear of Garden Cities for Consumptives) are a poor makeshift. What is wanted is Garden Cities or their equivalent in urban areas for all. When this is obtained, and people learn how to live healthily, Tuberculosis, we believe, will be as rare as Leprosy.

(2) FACTORIES AND WORKPLACES.—We think that much too little attention is paid to the proper ventilation of factories. As anything from a third to a half of a working man's life may be spent in a factory, this building is as important as his home. Existing legislation on this matter is not such as to provide the best results. Plans may be submitted to a Local Authority, but so long as they conform to the local building bye-laws the plans are passed. It is unusual for a Health Department even to be consulted. The supervision of factories is in the hands of the Home Office. A District Medical Officer of Health has little or nothing to do with them.

The efficient ventilation of factories without creating draughts calls for skilled advice and supervision. Perhaps this will receive due attention with the co-ordination of health matters under a Ministry of Health.

(3) SHORTER HOURS OF WORK.—The Health of Munition Workers Committee appointed under the Ministry of Munitions has issued some very valuable reports concerning the health of workers. They form at least one beneficial result of the war.

One conclusion well brought out is in favour of shorter working hours tending not only to better health, but also greater output. Such a principle in practice will have an effect on the incidence of Tuberculosis.

(4) DENTAL TREATMENT.—We believe that the opinion is growing that an increased general attention to dental hygiene will have a marked effect on the health of the community, and incidentally on the prevalence and effects of Tuberculosis. Dr. Bigg, in his last annual report on the Bramcote Sanatorium, stated that ‘Dental Treatment was given to a large number of cases with most pleasing results, confirming me in the belief that nearly half the misery of tuberculosis is associated with the bad teeth which generally accompany the disease.’ It may be beyond the scope of this Report to suggest how dental treatment may be at the service of all. But we think it is a matter calling for serious attention from social reformers.

(5) TUBERCULOUS MILK.—We regret that the Milk and Dairies Act, 1914 (now repealed), and the Milk and Dairies (Consolidation) Act, 1915, have had their operation indefinitely postponed by the war. Doubtless there were good reasons. But the sooner general steps are taken to deal with the question of tuberculosis among cows the better for the community.

SUMMARY.

(1) We direct attention to the machinery employed, or to be employed, by the Joint Committee in connection with Tuberculosis as being a phase only of the much larger question of the *prevention of the disease*.

(2) It may, we think, be concluded from our Report that the mere sending of patients to a Sanatorium for a limited time cannot be expected to have that radical effect which might be hoped for from the expenditure. Other factors have to be considered.

(3) In regard to after-care we have suggested that a tentative scheme of suitable employment might without much expense be initiated in connection with the Bramcote Sanatorium; and that some more organised effort could be made in the way of finding outdoor employment for consumptives.

(4) *Visitation and Nursing*.—We suggest that existing agencies, viz., Health Visitors and District Nursing Associations, should be relied on, and if necessary, strengthened and subsidized.

(5) We think that there is a very intimate connection between the Housing Problem and the incidence of Tuberculosis; and that the County and City Councils should use to their utmost their powers relating to improvement of dwelling houses.

(6) and (7) We hope that the establishment of a Ministry of Health may have some influence in improving the conditions under which factory work is carried on, and the hours of such work.

(8) We feel convinced that much more attention to dental treatment is urgently necessary.

(9) We have directed attention to the importance of eliminating tuberculosis milk.

In conclusion, though our Report is somewhat discursive, we hope that it will at least form a valid framework for the Committee in devising plans for an 'After-Care' Scheme, which will be useful; and that such plans will not obliterate the view of the larger object, viz., the prevention of tuberculosis."

(An appendix gives a resumé concerning known experiments in consumptive colonies, together with a tabular statement of the work of the Tuberculosis Officer in the way of "After Care.")

Venereal Diseases.

The accompanying return on pages 59 and 60 sets out the work done at the Treatment Centre at the Coventry and Warwickshire Hospital. This return includes all cases treated at that Centre, and is therefore not comparable with the table in the Report for 1917, which dealt only with patients residing in the City. The return is again unsatisfactory in the feature that such a large proportion of patients ceased attending before completing their course of treatment.

VENEREAL DISEASES.

Return relating to all persons who were treated at the Treatment Centre at Coventry and Warwickshire Hospital during the year ended the 31st December, 1918.

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	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than Venereal.		TOTAL.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of persons who, on the 1st January, 1918 were under treatment for:—	62	35	1	..	11	2	..	..	74	37
2. Number of persons dealt with during the year at or in connection with the out-patient Clinic for the first time and found to be suffering from:—										
Syphilis only	192	76	..	..	..	..	..	..	192	76
Soft chancre only .. .. .	..	..	..	..	..	..	..	..	..	..
Gonorrhœa only .. .. .	..	..	..	..	113	9	..	..	113	9
Syphilis and soft chancre .. .. .	..	..	..	..	..	..	..	..	..	..
Syphilis and gonorrhœa	16	1	..	..	10	1	..	..	10	1
Gonorrhœa and soft chancre .. .. .	..	..	..	..	..	..	..	..	..	..
Syphilis, soft chancre and gonorrhœa .. .. .	..	..	..	..	..	..	..	..	..	..
Conditions other than venereal .. .. .	..	..	..	..	..	..	34	12	34	12
TOTAL	264	112	1	..	134	12	34	12	423	135
3. Number of persons who ceased to attend the out-patient Clinic without completing treatment for:—	65	16	..	..	35	5	..	..	100	21
4. Number of persons discharged from the out-patient Clinic after completion of treatment for:—	17	7	..	..	17	..	..	..	34	7
5. Number of persons who, on the 1st January, 1919, were under treatment for:—	183	89	..	..	82	7	..	..	265	96
6. (a) Aggregate number of attendances at out-patient Clinic of persons referred to in Item 4	75	58	..	..	133	..	..	..	208	58
(b) Number of such persons who were treated as in-patients	8	5	..	..	1	..	..	..	9	5
(c) Number of such persons treated with Salvarsan substitutes	8	5	..	..	..	..	..	..	8	5
(d) Number of doses given of such substitutes	20	19	..	..	..	..	..	..	20	19
7. Total attendances of all persons at the out-patient Clinic who were suffering from:—	1542	632	6	..	481	28	29	5	2058	665
8. Aggregate number of "In-patient days" of treatment given to persons who were suffering from:—	883	381	..	..	29	..	..	..	912	381

9. Examinations of Pathological material :—

- (a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre
 (b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...

STATEMENT SHOWING THE SERVICES RENDERED AT THE TREATMENT CENTRE DURING THE YEAR, CLASSIFIED ACCORDING TO THE AREAS IN WHICH THE PATIENTS RESIDED.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	For detection of			TOTAL.
	Spirochetes.	Gonococci.	Other Organisms.	
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	8	9	...	...
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	...	...	354

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	City of Coventry.	County of Warwick.	TOTAL.
	City of Coventry.	County of Warwick.	
A. Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic for the first time and found to be suffering from :—			
Syphilis	225	54	279
Soft chancre ... ..	...	...	...
Gonorrhœa	97	25	122
Conditions other than venereal	37	9	46
TOTAL	359	88	447
B. Total number of attendances at the out-patient Clinic of all patients residing in each area ...	2127	596	2723
C. Aggregate number of "In-patient days" of all patients residing in each area ...	1030	263	1293
D. Number of doses of Salvarsan substitutes given in the :—(1) Out-patient Clinic (2) In-patient Department to patients residing in each area ...	1009	284	1293
E. Number of examinations of pathological material from patients residing in each area made at, and by the Medical Officer of, the Treatment Centre for :—(a) The detection of spirochetes (b) The detection of gonococci ...	6 5	2 4	8 9
F. Give the names of Salvarsan substitutes used in the treatment of Syphilis and the usual initial and final doses ...	Novarsenobillon.		
G. State the number of doses of Salvarsan substitutes usually given in a full course of treatment ...	45 and 9 Males. 3 and 9 Females.		
H. State whether the treatment of Syphilis is systematically controlled by means of the Wassermann reaction ...	Five to eight according to severity and duration.		
J. State in what proportion of cases, approximately, Salvarsan substitutes are used in the treatment of Syphilis ...	Yes.		
K. State whether facilities are provided at the Treatment Centre for irrigation of cases of gonorrhœa during the intervals between Clinics ...	All cases of Syphilis.		
	No.		

Epidemic Influenza.

In common with the rest of the country, this City suffered severely from the epidemic of Influenza towards the end of the year. No less than 463 deaths were registered as due to this cause, and an increase occurred in the deaths attributed to Bronchitis and Pneumonia; doubtless this increase was owing to the epidemic, although not specifically stated on the death certificates. Had it not been for this outbreak the general death rate for the year would have been the lowest on record.

In a letter dated November 3rd, 1918, the Local Government Board asked that certain particulars concerning the local incidence of the epidemic should be included in this report, *e.g.*, the deaths from Influenza for each week during the year, the age and sex distribution of the deaths, &c. Tables giving this information are here given. It will be seen that the outbreak—which was severe in some neighbouring towns in July—only had a comparatively slight incidence in Coventry at that time; and that the severe epidemic wave commenced at the end of October, reached its maximum in the middle of November, and declined altogether in the third week in December.

The cases were distributed throughout the whole City, and the illness was most fatal among young adults. The figures relating to school attendance showed that this was greatly affected, but a large number of children were apparently being kept at home to lend help in stricken households. Nurses were in great demand and the available nursing services were unable to meet the requirements. The Coventry and Warwickshire Hospital placed some of their wards at the disposal of patients suffering from Pneumonia; the type of Pneumonia prevalent was, however, very severe, and hospital provision after this complication appeared seemed to have little influence on checking a fatal ending; so much was this apparent that it has been suggested that the mere removal to hospital was in itself harmful.

On the suggestion of the Board, a leaflet was distributed regarding precautions that might be adopted. So little, however, is known concerning how the illness can be averted that it is doubtful to what extent these could have any influence on the spread of the epidemic. Probably the best advice that could be given was to advise that any illness resembling a “cold” should

not be treated lightly; but that on its first appearance *the patient should go to bed and stop there* until well; it seems certain that no more effective method of avoiding complications is known.

On November 6th the Watch Committee resolved that Licencees of Cinema houses should be required to refuse admission to children under 14 years of age, a requirement which continued in force until December 19th. The Public Health (Influenza) Regulations, 1918, were enforced by the Police; and prior to the renewal of cinema licences I was requested by the Watch Committee to report regarding the means of ventilation of these houses (page 84).

An examination of the occupations followed, in fatal cases, shows no special incidence in any particular occupation.

Deaths from Influenza in Each Week in 1918.

Jan. 5th	..	—	May 4th	..	—	Sept. 7th	..	—
„ 12th	..	—	„ 11th	..	—	„ 14th	..	—
„ 19th	..	—	„ 18th	..	—	„ 21st	..	1
„ 26th	..	—	„ 25th	..	—	„ 28th	..	—
Feb. 2nd	..	—	June 1st	..	—	Oct. 5th	..	—
„ 9th	..	—	„ 8th	..	—	„ 12th	..	—
„ 16th	..	—	„ 15th	..	—	„ 19th	..	1
„ 23rd	..	—	„ 22nd	..	1	„ 26th	..	10
Mar. 2nd	..	—	„ 29th	..	—	Nov. 2nd	..	51
„ 9th	..	—	July 6th	..	4	„ 9th	..	88
„ 16th	..	—	„ 13th	..	10	„ 16th	..	108
„ 23rd	..	2	„ 20th	..	6	„ 23rd	..	81
„ 30th	..	—	„ 27th	..	2	„ 30th	..	53
April 6th	..	—	Aug. 3rd	..	—	Dec. 7th	..	17
„ 13th	..	—	„ 10th	..	1	„ 14th	..	11
„ 20th	..	1	„ 17th	..	—	„ 21st	..	5
„ 27th	..	—	„ 24th	..	—	„ 28th	..	—
			„ 31st	..	—	„ 31st	..	—

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Inward Transfers .. 10

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INFLUENZA, 1918.

Deaths of Males and Females in Fifteen Principal Age Groups.

Age Groups.	Males.	Females.	Total.
Under 1 yr.	4	6	10
1— 2 yrs.	11	4	15
2— 5	17	20	37
5—10	9	12	21
10—15	5	7	12
15—20	17	23	40
20—25	14	25	39
25—35	65	73	138
35—45	33	29	62
45—55	28	16	44
55—60	6	5	11
60—65	6	4	10
65—75	7	12	19
75—85	3	2	5
85+	—	—	—
	225	238	463

INFLUENZA, 1918.

Age Groups.	App. Population in each group.	Influenza Deaths.	Death Rate per 1,000 in each group
— 1	3 176	10	3 14
1— 2	2,890	15	5 19
2— 5	9,105	37	4 06
5—10	13,504	21	1 55
10—15	12,291	12	0 97
15—20	11,648	40	3 43
20—25	13,169	39	2 96
25—35	26,441	138	5 21
35—45	18,345	62	3 37
45—55	11,144	44	3 94
55—60	3,614	11	3 04
60—65	2,786	10	3 58
65—75	3,502	19	5 42
75—85	1,224	5	4 08
85†	161	—	—
	133,000	463	3 48

Cancer.

One hundred and sixteen deaths were registered as due to different forms of malignant disease. The classification of the parts affected, and the ages at death, are set out in the extended schedule on page 101.

Alcoholism.

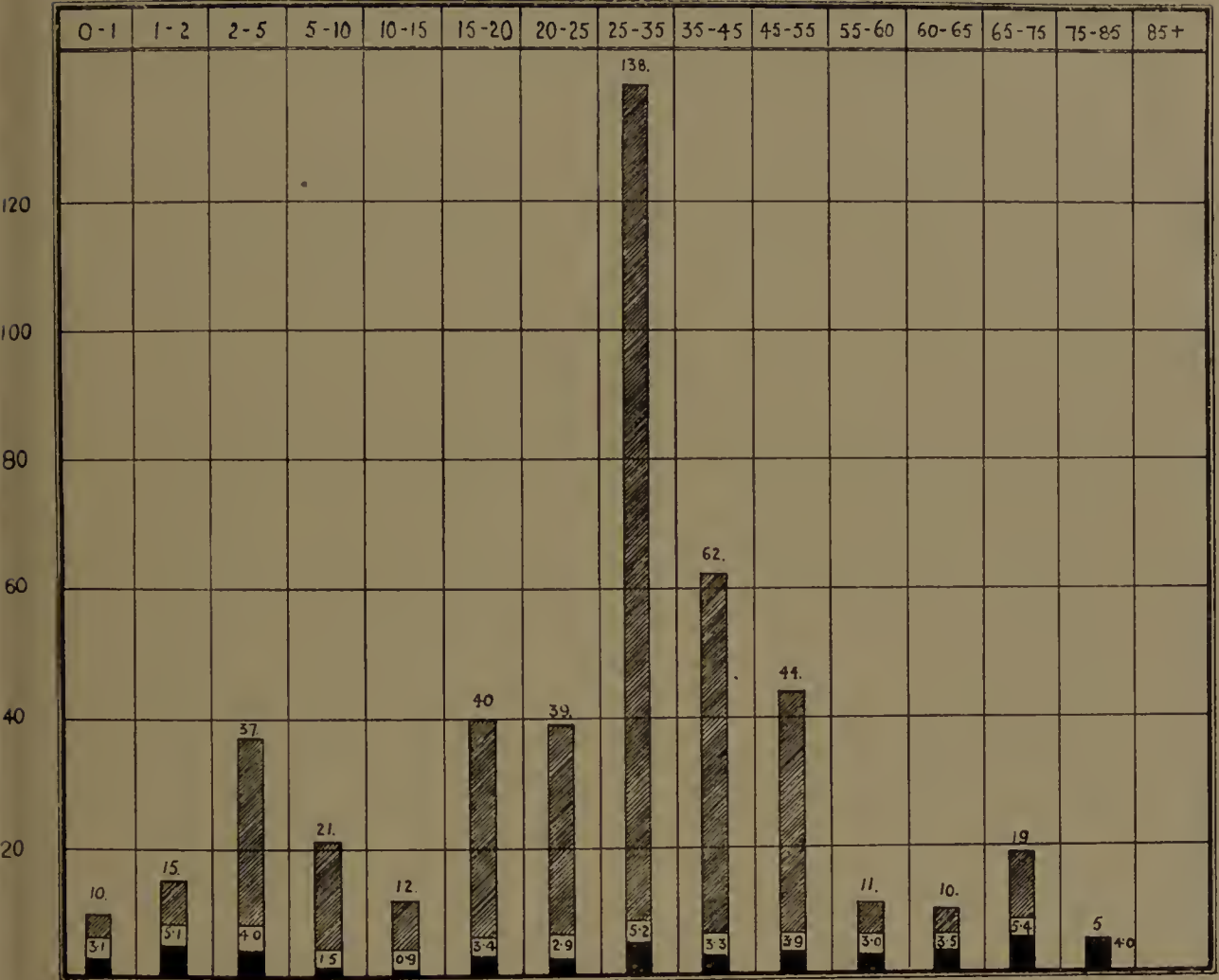
No death was attributed to Alcoholism; four were ascribed to Cirrhosis of the Liver; this disease is generally caused by Alcoholism.

Other Causes of Death.

I am appending to this report an extended schedule of the causes of, and ages at death, of those deaths properly belonging

INFLUENZA.

Chart shewing the incidence of and the death rate in each of the fifteen principal age groups.



The shaded portion shews the number of deaths in each age group.

The black portion shows the death rate per 1,000 of the approximated population in each group.

to the City which occurred during the year. This gives more detailed information as regards the causes of death than the table on page 23. Thirty-two deaths were attributed to accident or negligence or other forms of violence, etc., including five suicidal deaths.

Uncertified Deaths.

There were 10 uncertified deaths during the year, or 0.51 per cent. of the total number. Deaths are recorded as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held.

				Percentages of Total Deaths Uncertified.
England and Wales	...	...	...	1.3
96 Great Towns (including London)	...	...	...	0.8
148 Smaller Towns	...	...	...	1.6
London	...	...	...	0.2

Still Births.

No system of registration of still-births exists in this country. Under the Notification of Births Act, still-births (after a certain period of gestation) are notifiable. During the year 11 cases were notified by medical men, and 73 by midwives. Also there are no legal requirements as to the disposal of the bodies of still-born infants. The Superintendent of the Cemeteries kindly furnishes me each month with a record of those that are buried at the Coventry Cemeteries; from these it appears that 125 bodies of infants said to have been still-born were buried in the Cemeteries during the year; of these 59 were certified by medical men as having been still-born, and 66 by midwives. Of these, 5 were born outside the City.

Inquests.

Ninety-nine inquests appear to have been held during the year. These include 9 deaths in the Coventry and Warwickshire Hospital and 11 others of non-residents; also 4 military deaths. In 48 instances the death was attributed to disease, including 9 sudden deaths from Influenza. In the others the originating cause, as indicated by the verdicts, was as follows:—Burns and scalds, 4; suicide, 3; accidents, 12; overlaying, 1; asphyxia due to drowning, 2; asphyxia (gas poisoning), 1; inattention at child-birth, 1; gas explosion, 2; manslaughter, 1.

1918.

Comparison of Prevalence of Sickness and Death from Infectious Diseases.

66

Year.	Small Pox.		Erysipelas.		Diphtheria.		Membranous Group.		Scarlet Fever.		Enteric Fever.		Puerperal Fever.		Measles.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
1890	0	0	56	3	5	5	10	1	67	2	30	4	2	2	...	1
1891	0	0	34	5	8	1	6	3	42	0	34	7	4	4	1341	36
1892	1	0	59	3	1	0	18	2	38	0	53	9	2	4	332	4
1893	30	0	145	7	6	1	4	1	30	0	40	9	9	7	39	0
1894	22	1	109	2	14	3	7	2	385	13	14	6	5	2	2353	54
1895	0	0	84	3	6	3	6	3	439	19	49	5	9	3	116	3
1896	3	0	74	2	16	3	1	3	313	9	59	12	12	9	1205	35
1897	0	0	72	4	14	4	11	6	221	6	25	3	2	1	...	16
1898	0	0	53	0	20	5	13	10	278	10	53	6	10	8	...	29
1899	0	0	60	2	38	5	15	11	188	3	126	18	7	3	...	13
1900	0	0	71	1	42	12	24	10	637	17	48	6	14	7	...	50
1901	2	0	92	3	122	26	17	5	781	18	141	15	22	10	...	3
1902	4	0	66	3	129	28	7	3	245	10	60	6	11	4	...	0
1903	71	3	43	1	113	27	14	7	121	5	15	2	5	0	...	57
1904	5	1	67	5	74	10	4	1	222	10	24	1	9	5	...	0
1905	1	0	95	5	56	8	11	5	249	1	21	6	4	4	...	60
1906	0	0	58	3	56	12	3	0	312	5	12	3	9	3	...	1
1907	0	0	59	2	38	8	5	2	247	4	4	1	5	0	...	20
1908	0	0	44	3	101	8	7	0	238	7	11	1	2	1	...	3
1909	0	0	79	3	121	11	0	0	704	24	16	4	4	1	...	67
1910	1	0	70	3	101	15	3	0	1201	25	20	5	8	4	...	6
1911	0	0	70	2	161	17	0	0	1342	30	27	1	6	1	...	66
1912	0	0	84	0	216	30	1	1	681	17	24	0	4	3	...	52
1913	0	0	48	1	187	33	0	0	244	2	10	2	10	4	...	9
1914	0	0	74	5	135	12	1	0	652	6	15	2	13	6	...	25
1915	0	0	89	2	204	37	5	0	656	14	7	5	7	2	...	37
1916	0	0	53	1	341	49	2	0	395	6	11	1	8	0	2433	42
1917	0	0	54	1	178	26	0	0	291	4	16	1	6	1	871	21
1918	0	0	55	4	108	20	0	0	183	4	3	1	6	3	1111	8

Weekly Returns of Infectious Disease.

WEEK ENDING.	Small Pox.	Scarlet Fever.	Diphtheria, including Membranous Group.	Typhoid Fever.	Puerperal Fever.	Erysipelas.	Pulmonary Tuberculosis.	Other forms of Tuberculosis.	Ophthalmia Neonatorum.	Cerebro- Spinal Fever.	Acute Poliomyelitis	Measles.
1918.												
January 5	..	1	4	..	..	21	3	..	..	..	..	2
" 12	..	8	1	..	..	1	17	1	..	..	..	2
" 19	..	11	4	..	..	1	4	2	1	..	..	5
" 26	..	8	7	..	..	4	11	2	2	..	..	5
February 2	..	2	1	..	1	1	8	2	1	..	..	6
" 9	..	11	4	..	..	..	11	2	1	..	..	11
" 16	..	5	1	..	..	..	21	..	..	..	..	28
" 23	..	2	..	..	..	1	9	2	..	..	..	17
March 2	..	4	1	..	..	1	14	..	..	..	..	38
" 9	..	6	3	..	..	..	9	2	1	..	..	27
" 16	..	8	..	..	..	1	4	1	3	..	..	64
" 23	..	4	5	..	..	2	25	3	..	..	..	48
" 30	..	3	2	..	..	..	9	3	1	..	..	41
April 6	..	8	2	..	..	1	4	1	1	..	..	76
" 13	..	2	..	1	..	2	14	..	3	..	..	68
" 20	..	1	3	..	..	2	13	1	1	..	..	54
" 27	..	2	2	1	..	..	16	2	..	..	..	75
May 4	..	2	..	..	..	3	16	1	..	..	..	64
" 11	..	4	1	..	..	1	9	2	2	..	..	92
" 18	..	1	2	..	1	1	10	1	1	..	..	59
" 25	..	5	3	..	..	2	1	2	..	..	..	73
June 1	..	1	..	..	..	1	14	1	1	..	..	34
" 8	..	2	2	..	..	1	7	3	..	..	..	40
" 15	..	8	2	..	..	2	14	1	..	..	..	16
" 22	..	1	..	..	..	3	14	..	1	..	..	20
" 29	..	4	2	..	..	..	14	5	1	..	..	15
July 6	..	3	4	..	..	..	12	..	3	..	..	24
" 13	..	4	1	..	1	1	7	3	3	..	..	13
" 20	..	7	3	..	..	..	13	1	1	..	..	14
" 27	..	6	..	..	..	..	9	2	3	..	..	10
August 3	..	2	2	..	1	1	11	1	2	..	..	17
" 10	1	..	..	..	3	..	..	..	..	7
" 17	..	3	1	..	1	1	6	4	1	..	..	6
" 24	3	..	..	1	5	3	..	..	..	4
" 31	..	4	2	..	..	1	7	1	..	..	..	2
September 7	..	5	..	1	..	1	9	..	..	..	..	4
" 14	..	2	3	..	..	2	8	2	2	..	..	5
" 21	..	2	3	..	..	1	3	2	..	..	..	3
" 28	..	5	2	..	..	..	7	2	1	..	..	3
October 5	..	1	2	..	..	2	8	2	1	..	..	..
" 12	..	6	3	..	..	..	15	..	1	..	..	2
" 19	..	6	1	..	1	2	4	..	1	..	..	1
" 26	..	1	4	..	..	..	10	1	..	..	..	1
November 2	1	..	..	3	7	1	..	..	..	1
" 9	..	1	2	..	..	3	5	1	..	..	..	1
" 16	1	..	..	1	4	1	..	..	..	1
" 23	..	1	..	..	..	..	6	1	..	..	..	5
" 30	..	2	2	..	..	..	7	..	..	..	..	..
December 7	..	1	5	..	..	..	6	1	..	..	..	1
" 14	..	1	7	..	..	2	7	..	1	..	..	..
" 21	..	2	2	..	..	..	8	1	1	..	..	1
" 28	..	4	1	..	..	..	10	..	..	..	..	5
TOTALS	..	183	108	3	6	55	488	70	42	..	..	1111

The City and Pinley Isolation Hospitals.

At the City Hospital 241 patients have been under treatment. Forty-seven patients were remaining in at the beginning of the year, 7 were sick staff, and 187 were admitted during the year.

Of these patients, 2 were admitted from the Coventry Rural District (both Scarlet Fever), 1 from the Warwick Rural District (for Tracheotomy), and 3 from the Government Colony, Whitmore Park (2 with Diphtheria and 1 with Scarlet Fever).

Particulars concerning the illnesses suffered from are given in the subjoined table.

Of the 41 patients admitted as Diphtheria (dealing only with the 39 discharged during the year), 24 were admitted with a view to Tracheotomy being performed if required. Of these, 18 were operated on, 10 of whom satisfactorily recovered. In 6 instances no operation was done, it being deemed either unnecessary or the patient too ill for operation; 3 of these recovered. In the other 15 cases, the patients were sent in for isolation purposes.

DISEASE.	In Hospital Jan. 1, 1918.	Admitted during 1918.	Total	Recovered.	Died.	Remaining in Hospital Jan. 1, 1919.	Fatality per cent.
Scarlet Fever	42	145	187	175	2	10	1.1
Diphtheria	2	38	40	25	13	2	34.2
Pneumonia (admitted as Diphtheria) .. .. .	..	1	1	..	1	..	100.0
Pneumonia (admitted as Typhoid Fever) .. .. .	..	1	1	1	..	..
Measles .. .. .	..	2	2	2	..	..
Sick Staff—							
Diphtheria	3	1	4	4	..	..
Influenza .. .. .	..	4	4	4	..	..
Tonsillitis .. .. .	..	1	1	1	..	..
Injury to Knee .. .. .	..	1	1	1	..	..
	47	194	241	213	16	12	6.9
	241			241			

No patients were admitted to the Pinley (Small Pox) Hospital.

The average period of stay of those patients who were admitted during the year to the City Hospital was 40.6 days.

The maximum, average, and minimum numbers of patients in the two Hospitals were as under :—

	Maximum No. of Patients.	Average No. of Patients.	Minimum No. of Patients.
City Hospital	47	24.1	7
Pinley Hospital	—	—	—

The current expenses of the City Hospital during the last financial year, ending 31st March, 1918, amounted to £4,367 4s. 8d.; those for the Pinley Hospital to £194 2s. 6d.

During the same time the sum of £188 18s. 6d. was received on account of the admission of patients to the City Hospital from outside districts, etc.

The current quarterly expenses of the two Hospitals in 1918 were as under.—

	City Hospital.				Pinley Hospital.		
	£	s.	d.		£	s.	d.
1st Quarter	...	1,305	5 5	...	18	6 4	
2nd Quarter	...	730	18 11	...	24	18 11	
3rd Quarter	...	678	17 3	...	7	12 10	
4th Quarter	...	1,002	13 0	...	35	3 1	
		<hr/>				<hr/>	
		£3,717	14 7		£86	1 2	
		<hr/>				<hr/>	

For the City Hospital, the sum above stated for maintenance expenses, divided among the average number of patients, amounts to 57s. 9d. per head per week.

The average sum expended per week during the year for diet amounted to £17 14s. 0½d.; this, divided among the average number of patients and boarded staff, comes to 7s. 4½d. each per week, or the cost of diet for each boarded person was 1s. 0½d. per day.

Disinfecting and Ambulance Station.

The following figures represent the work that has been done in connection with the Disinfection and Ambulance Station :

Visits paid to houses where infectious disease was suspected or notified—1,364.

Patients removed to the City Hospital—186.

Patients removed to the Pinley Hospital—0.

Houses disinfected by fumigation or spraying—605.

Articles disinfected by steam—11,316 (including 4,483 articles from the Military Authorities).

Disinfection of rooms by fumigation or spraying, and of clothing, etc., by heat, has been carried out when necessary.

Schools.

As, in this City, the Medical Officer of Health is also the School Medical Officer, the two annual reports are issued together, and some amount of repetition is thereby avoided. (See page 112 and seq.).

Under Section 39 of the Corporation Act, 1900, the person in charge of any school or department of a school is required to notify to the Medical Officer of Health when it is known that a scholar is suffering from an infectious disease. All known schools and departments of schools are supplied with stamped addressed forms for this purpose by your Sanitary Committee, and on page 71 is given a table of the notifications received during the year.

NOTIFICATIONS RECEIVED FROM SCHOOLS.

SCHOOL.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Ring- worm.	Mumps.	Diphtheria	Measles.	Skin Disease.	Itch.	Phthisis.	Miscel- laneous.	TOTALS.
Broad Street, Boys ..	..	..	1	..	..	2	..	..	..	..	..	3
" Girls ..	No Return	..	..	..	..	..	..	..	..	..	..	1
Centaur Road, Boys..	..	..	..	1	..	..	..	..	..	..	..	2
" Girls ..	..	..	..	..	..	2	..	..	..	..	..	83
" Infants ..	..	..	..	..	..	..	83	..	..	..	..	3
Cheylesmore Boys ..	..	..	1	..	..	1	..	1	..	..	..	6
" Girls ..	..	..	..	3	..	..	..	2	..	..	1	45
" Infants ..	..	..	1	1	5	..	29	9	..	..	..	105
Earlsdon, Sen. ..	No Return	..	..	..	..	..	..	..	..	..	..	6
" Infants ..	23	51	1	3	24	..	2	..	..	..	1	60
Edgewick, Sen. ..	..	1	2	..	..	1	2	..	..	..	..	7
" Infants ..	..	4	..	..	1	..	53	..	..	2	..	27
Fredk. Bird, Boys ..	..	..	..	5	..	1	..	1	..	..	..	2
" Girls ..	No Return	..	..	..	..	..	..	..	..	..	..	90
" Infants ..	11	4	..	1	..	1	10	..	..	..	..	99
John Gulson, Boys ..	No Return	..	..	..	..	..	..	..	..	..	..	16
" Girls ..	..	..	1	..	..	1	..	..	..	..	..	33
" Infants ..	15	15	..	..	2	..	53	..	4	1	..	1
Little Heath ..	No Return	..	..	..	..	..	..	..	..	..	..	2
Paradise ..	34	30	4	12	1	2	7	5	..	..	4	3
Radford, Sen. ..	2	4	4	..	1	1	3	..	..	1	..	1
" Infants ..	15	17	..	1	..	..	..	..	..	..	..	2
Red Lane, Boys ..	..	..	..	..	..	1	..	..	..	..	..	10
" Girls ..	..	..	1	..	..	1	..	..	..	..	..	5
" Infants ..	..	..	..	..	..	..	10	..	..	..	..	1
South Street, Boys ..	..	..	4	..	..	..	..	..	1	..	..	33
" Girls ..	..	..	1	..	..	..	..	..	..	..	..	2
" Infants ..	7	2	4	2	5	..	11	..	1	..	1	39
Spon Street, Boys ..	..	..	..	2	..	..	..	..	..	..	..	4
" Girls ..	..	..	..	..	..	..	..	1	..	..	..	1
" Infants ..	5	5	1	4	6	6	7	3	1	..	1	4
Stoke Council, Boys..	..	..	3	..	..	..	..	..	..	..	1	1
" Girls..	..	..	..	..	..	1	..	..	..	..	..	5
" Infants ..	2	..	2	..	..	1	..	..	..	..	..	5
Wheatley St., Boys ..	No Return	..	..	..	..	..	..	..	..	..	..	5
" Girls ..	..	..	3	..	..	2	..	..	..	..	..	3
" Infants ..	No Return	..	..	..	..	..	..	..	..	..	..	17
" Special	No Return	..	..	..	..	..	..	..	..	..	..	13
All Saints', Sen. ..	..	..	1	1	1	..	..	..	..	..	..	13
" Infants ..	..	..	..	..	..	..	17	..	..	..	..	22
King Fields ..	..	..	..	..	..	..	13	..	..	..	..	6
St. Elizabeth's Infants	No Return	..	..	..	..	..	..	..	..	..	..	2
St. John's, Boys ..	No Return	..	..	..	..	..	..	..	..	..	..	22
" Girls & Infants	No Return	..	..	..	..	..	..	..	..	..	..	25
St. Mark's Sen. ..	..	..	..	1	..	..	1	..	..	..	20	1
" Infants ..	No Return	..	..	..	..	..	..	..	..	..	..	78
St. Mary's Sen. ..	..	..	1	..	1	2	2	..	..	..	..	9
" Infants ..	No Return	..	..	..	..	..	..	..	..	..	..	1
St. Michael's, Boys ..	No Return	..	..	..	..	..	..	..	..	..	..	2
" Girls ..	..	..	1	..	..	..	1	..	..	..	..	22
" Infants ..	1	..	..	..	..	..	20	..	..	..	1	25
St. Osburg's, Sen. ..	2	..	..	2	..	1	4	6	..	2	8	1
" Infants ..	No Return	..	..	..	..	..	..	..	..	..	..	78
St. Peter's, Boys ..	..	..	..	1	..	..	..	..	..	..	..	59
" Girls & Infants	20	18	3	..	8	..	25	4	..	..	..	9
Stoke National ..	4	23	2	3	10	2	14	..	..	..	1	954
Thomas Street ..	7	1	..	..	..	..	..	..	1	..	..
TOTAL ..	118	175	42	43	65	29	367	32	8	6	39	

Mental Deficiency Act, 1913.

The following is from the Annual Report of the Mental Deficiency Committee :—

Thirty-five cases have been under consideration during the year, and one of these has died.

Four cases (Nos. 6, 7, 8 and 9) were again certified as mentally deficient. They remain under the care of the Board of Guardians in the London Road Institution, that Institution having been approved by the Board of Control for the reception of certain cases under the Act. These cases are chargeable to this Committee.

One case (No. 15) was considered to be a suitable candidate for institutional treatment, the boy being a high grade mental defective. The case was referred to the Board of Control for their consent before further action could be taken, but in a letter dated September 18th, 1918, the Board regretted that they could not consider this case as an "urgent" one. That is, the Board declined to allow a grant in aid of the case. The Committee considering that this was a suitable case likely to receive benefit from institutional treatment, decided to make arrangements for the boy to go away and defray the cost themselves. The parents were willing to pay a small amount each week towards his maintenance. The arrangements are still pending.

Thirty-nine cases have been under supervision in their own homes. No cases have been placed under guardianship.

During the year 64 visits have been made by the Visitor appointed under the Act.

The Board of Control renewed their approval, for a period of one year, of the admission of a limited number (18) of mental defectives above 16 years of age to the Coventry Poor Law Institution.

The Mental Deficiency Committee resolved to undertake the voluntary duty of supervising mentally deficient persons not subject to be dealt with under the Act.

Public Mortuary.

The Public Mortuary has been used on 41 occasions during the year.

Twenty-seven of the bodies were brought in by the horsed ambulance, seven by the Police, and seven by others.

The post-mortem room was used twice. In both instances bodies were brought in expressly for the purpose of making post-mortem examinations.

The particulars concerning the other bodies received into the mortuary are as follow :—Still-born infants, 5; Suicides, 1; Accidents, 7; Died in streets or other public places, 10; Found Drowned, 3; Awaiting interment, 15.

Pauperism.

Mr. Evans, the Clerk to the Guardians, has kindly supplied me with the following figures relating to this subject :—

Number of inmates of London Road Institution at end of year 1918	...	...	...	...	331
Average number of inmates for previous five years	...				425
Number of persons who received out-door relief in 1918					574
Average number of persons who received out-door relief in previous five years	...	...	...	...	968
				£	s. d.
Actual expenditure in out-door relief in 1918	2,949	7	10½		
Average yearly expenditure in out-door relief in previous five years	...	...	3,363	3	5½
Decrease on the average expenditure in out-door relief	...	...	...	413	15 6¾

These figures show that a considerable diminution has occurred in the amount of pauperism the Guardians have been called on to deal with.

Pauper Sickness.

Returns are received from the Clerk to the Guardians each fortnight concerning the new cases of pauper sickness. In all, 240 such cases have been returned. These returns afford an indication of the amount and locality of illness among the poorest.

Housing of the Working Classes Acts.

Owing to the depletion of the staff and war conditions generally, intensified by the scarcity of houses, no attempt was possible to put into operation the powers relating to closure and demolition of unfit dwellings. However, as will be seen from the list given on page 75, the conditions of many houses have been improved without the making of formal representations to the Local Authority.

Respecting the manner of occupation of houses which have been converted from back-to-back houses to through-ventilated houses, since the passing of the Act of 1909.

During the past year a re-inspection was made of all houses which had since the passing of the Act of 1909, been converted from back-to-back to through-ventilated houses. It is satisfactory to report that in all cases the houses were properly occupied as through-ventilated houses.

Housing and Town Planning Act, 1909.

The following Table summarises the action which was taken under this Act, and the results which have followed:—

Year.	Houses inspected by Housing Inspector.	Number of representations made to Local Authority, with a view to the making of Closing Orders	Number of Houses considered by Local Authority.	Number of Closing Orders made.	Number of dwelling-houses which were remedied without the making of Closing Orders.	Number of dwelling-houses, which, after the making of Closing Orders, were put into a fit state for human habitation.	Number of Closing Orders rescinded.	Number of dwelling-houses voluntarily closed.	Number of Demolition Orders made.	Number of Houses Demolished.
1910	24	24	24	24	1	4	..	..	1	2
1911	212	114	114	92	..	5	5	3	3	7
1912	44	107	107	29	11	34	34	2	36	21
1913	91	107	107	87	47	10	..	..	10	50
1914	116	91	91	54	17	16	15	..	19	38
1915	25	20	20	20	..	25	16	..	7	21
1916	2	2	2	..	..	13	13	..	..	6
1917	..	..	..	..	..	..	..	..	..	..
1918	..	..	..	..	..	..	..	..	..	..
..	514	465	465	306	76	107	83	5	76	145

The City Engineer kindly provides the following information :—

PLANS APPROVED.										
Year.	Houses.	Factories and Workshops	Alterations and Additions.	Miscellan's	Public Buildings.	Churches.	Chapels.	Schools.	Streets.	Totals.
1901	304	10	60	36	0	1	1	0	2	414
1902	556	29	53	66	0	0	0	0	10	714
1903	810	16	95	68	1	0	0	1	4	995
1904	535	26	80	56	3	0	0	0	16	716
1905	523	33	69	50	1	0	0	1	8	685
1906	1116	55	45	64	4	0	1	2	26	1313
1907	1275	70	45	105	1	0	1	4	35	1536
								including two additions		
1908	1084	16	42	94	2	1	1	0	17	1257
1909	1030	40	54	111	1	1	0	2	4	1243
1910	1205	34	62	141	2	0	1	2	30	1477
1911	1386	40	62	147	8	0	0	2	5	1650
1912	622	69	102	140	3	0	0	3	16	955
					including two additions			including two additions		
1913	1236	75	98	113	7	0	0	1	15	1545
1914	1189	43	91	118	2	1	0	4	3	1451
								including two additions and one Sunday School.		
1915	510	77	46	119	2	2	0	0	6	762
					including one addition.	Mission Churches				
1916	163	75	55	86	1	0	0	0	2	382
1917	287	69	31	46	3	0	0	0	8	447
1918	71	41	27	50	0	0	0	0	0	189
BUILDINGS COMPLETED.										
1901	426	8	27	18	0	1	1	1	0	482
1902	403	18	19	21	0	0	0	0	6	467
1903	622	15	34	8	2	0	0	0	6	687
1904	671	13	39	21	0	0	0	2	0	746
								additions		
1905	378	14	14	11	2	0	0	1	6	426
1906	728	34	7	16	2	0	0	2	13	802
1907	1010	48	20	32	2	0	0	1	18	1131
1908	1188	26	21	44	2	0	2	1	7	1291
1909	1169	32	28	49	5	0	0	1	14	1298
1910	959	45	20	61	2	0	0	0	13	1100
1911	1211	39	46	66	4	1	0	4	19	1390
								including one addition		
1912	894	67	53	99	2	0	0	0	5	1120
1913	838	67	60	80	12	0	0	4	10	1071
								including three additions		
1914	927	32	56	82	1	2	0	1	14	1115
					including one addition					
1915	785	46	50	85	2	0	0	1	7	976
1916	418	49	27	26	2	1	0	1	8	532
					including one addition					
1917	176	62	24	19	1	0	0	0	3	285
1918	251	29	9	5	0	0	0	0	0	294

* R.C. School, Foleshill.

Registered Places.

The questions that have arisen and the action which has been taken in connection with these are dealt with below :—

SLAUGHTER-HOUSES.

Number of slaughter-houses on Register, January, 1918 ...	48
„ „ „ added to Register during year ...	0
„ „ „ discontinued during year ...	0
„ „ „ on Register, December, 1918 ...	48
„ „ visits	963
„ „ contraventions observed	15
„ „ annual licences renewed	9

The contraventions observed related to limewashing walls, cleansing floors, and the removal of offal, and these were remedied without having recourse to magisterial proceedings.

Notifications were received from 35 butchers using 28 slaughterhouses, concerning the carcasses of 248 animals, viz., 32 bullocks, 119 cows, 23 heifers, 4 calves, 23 sheep, and 47 pigs; these being found, after slaughter, to be diseased or unsound.

The meat surrendered and destroyed in connection with these notifications amounted to 7,267 lbs., and was as follows :—Beef, 6,759 lbs. (of which 3,100 lbs. were tuberculous); Veal, 50 lbs.; Mutton, 106 lbs.; Pork, 352 lbs.

UNWHOLESOME FOOD.

The following quantities of unsound food have been surrendered from shops and stores : 654 lbs. of frozen beef, 1,230 lbs. of ham and bacon, 18 lbs. of cheese, 28 lbs. of sausage, 6 boxes of mackerel, 1 box of herrings, 192 lbs. of kippers, 48 rabbits, 15 tins of sardines and lobster, 80 lbs. of brawn, 18 tins of beef, 56 tins of condensed milk, and 1,200 eggs.

DAIRIES, COWSHEDS AND MILKSHOPS.

COWSHEDS.

Number of Cowkeepers on Register, 1917 ...	8
„ „ „ „ 1918 ...	9
„ „ Cowsheds in use, 1917 ...	15
„ „ „ „ 1918 ...	16
„ „ visits during the year ...	29

No contraventions were observed.

MILKSHOPS.

Number of names on Register, December, 1917	...	324
„ „ „ added to Register during year	...	1
„ „ „ discontinued during year	...	63
„ „ „ on Register, December, 1918	...	262
„ „ visits	... ..	533
„ „ contraventions observed	... ..	13

The contraventions related to :—

Registration	... ..	1
Milk vessels not kept covered	... ..	9
Milk stored in unsuitable places	... ..	3

COMMON LODGING HOUSES.

Number on Register, 1917	... ..	4
„ „ „ 1918	... ..	4
„ of visits during year	... ..	51

The contraventions observed related to limewashing walls, and cleansing floors.

These four houses are registered to accommodate 312 lodgers. The number of persons now received nightly averages 216.

The registration of premises formerly used as a factory and referred to in the reports for 1915-16-17 is still under consideration.

HOUSES LET IN LODGINGS.

There are now 42 houses on the Register, containing sleeping accommodation for 1,006 persons nightly. The number of persons now sleeping in these houses averages 650 nightly. Most of these houses appear to be conducted more or less as Common Lodging Houses.

Offensive Trades.

No application has been received during the year for permission to use additional premises for the purpose of carrying on an offensive trade.

These premises have been visited from time to time, and were found to be kept as free from effluvia as the nature of the trade would allow.

Smoke Abatement.

During the year a memorial signed by a large number of residents was received concerning a nuisance arising from dense black smoke and offensive oily odours emitted from eight chimneys at a newly erected factory. This nuisance was investigated, and to some extent remedied. In another instance the nuisance complained of was remedied by using gas power instead of steam.

Pig Keeping, 1918.

Number of written applications received for per-			
mission to keep pigs	...	...	56
Number of applications approved	...	...	24
„ „ „ not approved	...	...	32

Sale of Food and Drugs Acts, 1875 to 1907.

Mr. Clarke, the Inspector under these Acts, reports as follows :—

During the year 191 samples of food and drugs were submitted to the Public Analysts, who certified 175 as genuine, and 16 as adulterated.

The samples were collected in the following manner :— Formal samples, 52; preliminary samples, 139; and included—new milk, 162; butter, 6; lard, 8; dripping, 5; margarine, 1; coffee, 2; cocoa, 1; pepper, 2; arrowroot, 1; olive oil, 3.

Of the 162 samples of new milk, 148 were certified as genuine and 14 as adulterated. Of these, 3 were deficient in fat in amounts varying from 10 per cent to 21 per cent; and 11 contained added water in amounts varying from 3.5 per cent. to 55 per cent.

Of the 5 samples of dripping, 3 were certified as genuine, and 2 to contain excess amounts of free fatty acids.

The 6 samples of butter were certified as genuine.

All the dairy products were tested for preservatives.

The nature of each article and the analytical results will be found on pages 98-99, and the magisterial proceedings necessary on page 97.

REPORT OF ADMINISTRATION IN CONNECTION WITH THE PUBLIC
HEALTH (MILK AND CREAM) REGULATIONS, 1912.

Report for the year ended 31st December, 1918.

1. *Milk; and Cream not sold as Preserved Cream.*

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
Milk	162	..
Cream .. .. .	..	..

2. *Cream sold as Preserved Cream.*

Instances in which samples have been submitted for
analysis to ascertain if the statements on the label as
to preservatives were correct nil.

Fertilisers and Feeding Stuffs Act, 1906.

One sample of feeding stuff was submitted to the official
Agricultural Analyst, who certified the results to be in accordance
with those usually obtained.

Orders of the Food Controller.

The Orders of the Food Controller referred to the Health
Department were revoked during the year.

Factory and Workshop Act, 1901.

Section 132 of this Act is as follows :—“ The Medical Officer
of Health of every District Council shall, in his annual report to
them, report specifically on the administration of the Act in work-
shops and work-places, and he shall send a copy of his annual
report, or so much of it as deals with the subject, to the Secretary
of State.”

BAKEHOUSES.

Number on Register, December, 1918	...	...	107
„ of new bakehouses opened	...	...	0
„ „ bakehouses unoccupied	...	...	24
„ „ changes of occupancy	...	...	1
„ „ visits	...	...	85
„ „ contraventions observed	...	...	9
„ „ „ remedied	...	...	7

Most of the contraventions related to the limewashing of
walls and ceilings.

Factories, Workshops, Workplaces and Homework.

1.—INSPECTION.

Including inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections	Written Notices.	Prosecutions.
Factories (Including Factory Laundries).	30	1	0
Workshops (Including Workshop Laundries).	292	2	0
Workplaces (Other than outworkers premises included in Part 3 of this Report)	0	0	0
TOTAL	322	3	0

2.—DEFECTS FOUND.

Particulars.	Number of Defects			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts —*</i>				
Want of cleanliness	14	3	..	..
Want of ventilation	1	1	..	..
Overcrowding .. .. .	..	..	..	..
Want of drainage of floors .. .. .	..	..	..	..
Other nuisances	1	1	..	..
Sanitary accom- modation	{ insufficient .. .. .	..	..	..
	{ unsuitable or defective..	11	11	..
	{ not separate for sexes ..	..	..	..
<i>Offences under the Factory and Workshop Act:—</i>				
Illegal occupation of underground bake- house (s. 101) .. .. .	..	..	..	..
Breach of special sanitary requirements for bakehouses (ss 97 to 100)	9	9	..	..
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report)	..	..	..	..
Total	36	25	..	..

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—HOME WORK.

NATURE OF WORK.*	OUTWORKERS' LISTS, SECTION 107.										Outwork in Unwholesome Premises, Section 108.				Outwork in Infected Premises, Sections 109, 110.			
	Lists received from Employers.										Instances.		Notices served.		Instances.		Prosecutions (Section 109).	
	Sending twice in the year. Sending once in the year										Prosecutions.		Prosecutions.		Prosecutions.		Prosecutions.	
	Lists.†	Outworkers.‡	Lists.	Outworkers.	Notices served on Occupiers as to keeping or sending lists.	Failing to keep or permit inspection of lists.	Failing to send lists.	Instances.	Notices served.	Prosecutions.	Instances.	Notices served.	Prosecutions.	Instances.	Orders made (Section 110).	Prosecutions (Section 110).	Instances.	Prosecutions (Section 110).
	2	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
1. Wearing Apparel— making, &c.	4	7	1	6	1	42	..	..	..	..	..	..	..	..	..	..	..	..
Household linen
Lace, lace curtains and nets
Curtains & furniture hangings ..	2	2	27	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Furniture and Upholstery
Electro-Plate
File making
Brass and brass articles
Fur pulling
Cables and Chains
Anchors and Grapnels
Cart Gear
Locks, Latches and Keys
Umbrellas, &c.
Artificial Flowers	1	..	22	..	..	..	..	..	..	..	..	..	..	..	..
Nets, other than wire nets
Tents
Sacks
Racquet and Tennis Balls
Paper, &c., Boxes, Paper Bags ..	2	..	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Brush making
Pea Picking
Feather Sorting
Carding, &c., of Buttons, &c.
Stuffed Toys
Basket Making
Chocolates and Sweetmeats
TOTAL ..	8	9	47	7	1	64	..	..	..	..	..	..	..	..	..	..	..	..

* If an occupier gives out work of more than one of the classes specified in column 1, and subdivides his list in such a way as to show the number of workers in each class of work, the list should be included among those in column 2 (or 5 as the case may be) against the principal class only, but the outworkers should be assigned in columns 3 and 4 (or 6 and 7) into their respective classes. A footnote should be added to show that this has been done.

† The figures required in columns 2, 3 and 4 are the total number of the lists received from those employers who comply strictly with the statutory duty of sending two lists each year and of the entries of names of outworkers in those lists. The entries in column 2 must necessarily be even numbers, as there will be two lists for each employer in some previous returns and numbers have been inserted. The figures in columns 3 and 4 will usually be (approximately) double of the number of individual outworkers whose names are given, since in the February and August lists of the same employer the same outworker's name will often be repeated.

4. — REGISTERED WORKSHOPS.

Workshops on the Register (s. 131) at the end of the year.							Number.
Important classes of workshops, such as workshop bakehouses may be enumerated here.	Bakers .. .. .	..	..	..	..	..	107
	Sugar Boilers .. .. .	..	..	..	..	..	1
	Watch Makers .. .. .	..	..	..	..	..	40
	Dressmakers .. .. .	..	..	..	..	..	78
	Tailors .. .. .	..	..	..	..	..	37
	Boot Makers and Repairers .. .. .	..	..	..	..	..	33
	Milliners .. .. .	..	..	..	..	..	41
	Joiners and Carpenters .. .. .	..	..	..	..	..	6
	Cabinet Makers .. .. .	..	..	..	..	..	3
	Cycle Repair Shops .. .. .	..	..	..	..	..	7
	Ironmongers and Smiths .. .. .	..	..	..	..	..	9
	Plumbers and Painters .. .. .	..	..	..	..	..	6
	Gas Fitters and Bellhangers .. .. .	..	..	..	..	..	1
	Pattern Makers and Brassfounders .. .. .	..	..	..	..	..	1
	Saddlers .. .. .	..	..	..	..	..	4
	Tinworkers .. .. .	..	..	..	..	..	6
	Picture Framers .. .. .	..	..	..	..	..	3
	Laundries .. .. .	..	..	..	..	..	1
	Box and Bag Makers .. .. .	..	..	..	..	..	1
	Printers and Bookbinders .. .. .	..	..	..	..	..	1
	Card Stampers .. .. .	..	..	..	..	..	2
	Engravers, etc. .. .. .	..	..	..	..	..	0
	Marine Store Dealers .. .. .	..	..	..	..	..	3
	Coach Builders and Wheelwrights .. .. .	..	..	..	..	..	6
	Various .. .. .	..	..	..	..	..	26
Total number of workshops on Register ..							423

5. — OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspector of Factories :	
Failure to affix Abstract of the Factory and Workshop Act (s. 133). 1901.. .. .	0
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act (s. 5). 1901	6
Notified by H.M. Inspector	
Reports (of action taken) sent to H.M. Inspector ..	0
Other	0
Underground Bakehouses (s. 101) :	
Certificates granted during the year	0
In use at the end of the year	0

WORKSHOPS.

During the year 105 visits have been made by Health Visitors to workshops where females are employed.

Two nuisances were discovered and reported.

OUTWORKERS.

Lists of outworkers have been received in regular course from various manufacturing firms in the City. Visits numbering 78 have been paid by the Health Visitors to these workers.

Cinema Houses, etc.

In accordance with the request of the Watch Committee, inspections were made of the cinemas and entertainment places in the City during November last, with the view of ascertaining whether the means of ventilation adopted were sufficient.

Sixteen of these buildings were visited, and a report was made to that Committee as to various matters that appeared to call for attention in several of these buildings.

The necessity of darkening their interiors during daylight, and the recent war-time necessity of darkening their exteriors at night, have been factors militating against the easy ventilation of these houses.

Owing to the great number of these places, however, it is highly important that this matter should continually receive attention, and the passing of their plans should receive careful investigation as to the probable efficiency of their proposals for an adequate scheme of ventilation.

Sanitary Prosecutions.

Only three instances arose during the year where magisterial proceedings were called for, and these related to adulterated milk.

Diseases of Animals Act and Orders of the Board of Agriculture.

Mr. Clarke, the Inspector under this Act, reports as follows :—

During the past year there has been one outbreak of Swine Fever, and one outbreak of Sheep Scab. The usual detention and isolation notices were issued and the premises disinfected in accordance with the requirements of the Orders of the Board of Agriculture. It is gratifying to observe that no outbreaks of

Anthrax, Foot and Mouth Disease, Glanders, or Parasitic Mange have been recorded.

The periodical cleansing and disinfecting of the Markets and Sale Yards has been carried out in the manner prescribed by the Market and Sales Order, 1910, and there has been no case of any of the scheduled diseases observed by the Veterinary Inspector in attendance.

Canal Boats.

Inspector Clarke, the Inspector under the Canal Boats Acts, furnishes the following information, which shows the steps taken by the Sanitary Authority to give effect to the Acts and Regulations affecting Canal Boats :—

Total number of Boats registered to 31st December, 1918	438
Number of Boats added to Register in 1918	5
Total number of Registrations cancelled	185
Actual number of Boats on Register on 31st December, 1918	253
Number of Boats inspected in 1918	125
Number of Boats conforming to the Acts and Regulations	116
Number of Boats infringing the Acts and Regulations	9
Total number for which the Cabins were registered	375
Total number occupying the Cabins	330

Details of Occupations :—

Male Adults	87
Female Adults	94
Children of School Age	102
Children under School Age	47

No. of Cases met with.	Details respecting Infringements.	No. of Cases remedied.
1	Overcrowding	1
2	Females over 12 improperly occupying	2
6	Painting	2
3	Dilapidation	3
1	No proper water vessel	1
13 Total cases met with.		9 Total cases remedied
Number of Legal Proceedings taken		Nil
Number of printed Notice Forms issued		2
Number of Notices attended to		1
Number still corresponding about		1

Water Supply.

Your Waterworks Engineer kindly informs me that during the twelve months 1,157,890,104 gallons of water have been supplied from the public sources to the City; of this 335,068,089 gallons were supplied from Spon End, and 490,439,000 gallons from Shustoke; whilst 293,157,015 gallons have been supplied from Whitley; and 39,226,000 gallons by the North Warwickshire Water Co. He also informs me that 37 new services have been laid on to build and supply 102 houses and 19 other buildings; guarantees have been received for 255 and 39 various completed houses, in which are included 419 water-closets and 230 new baths.

The amount supplied gives an average consumption of 23.8 gallons per head per day. The comparison of this figure with that of previous years is given below.

		Amount supplied per day.		Estimated popu- lation served.		Amount per head per day.
1897	..	1,420,000 gals.	..	61,234	..	23 gals.
1898	..	1,577,207 ..	..	61,555	..	25 ..
1899	..	1,723,926 ..	..	61,796	..	27 ..
1900	..	1,896,106 ..	..	62,037	..	30 ..
1901	..	1,649,292 ..	..	62,200	..	25 ..
1902	..	1,670,749 ..	..	67,330	..	25 ..
1903	..	1,678,461 ..	..	72,550	..	23 ..
1904	..	1,633,098 ..	..	75,250	..	21 ..
1905	..	1,775,229 ..	..	78,917	..	22 ..
1906	..	1,913,430 ..	..	82,600	..	23 ..
1907	..	1,873,153 ..	..	85,800	..	21 ..
1908	..	1,896,191 ..	..	90,000	..	21 ..
1909	..	1,962,625 ..	..	93,500	..	21 ..
1910	..	1,923,921 ..	..	102,000	..	18.8 ..
1911	..	2,067,443 ..	..	107,287	..	19.2 ..
1912	..	2,087,762 ..	..	111,166	..	18.7 ..
1913	..	2,221,279 ..	..	115,064	..	19.3 ..
1914	..	2,260,621 ..	..	119,003	..	19.1 ..
1915	..	2,254,404 ..	..	122,982	..	18.3 ..
1916	..	2,529,062 ..	..	127,089	..	19.8 ..
1917	..	2,664,611 ..	..	130,000	..	20.5 ..
1918	..	3,172,301 ..	..	133,000	..	23.8 ..

The importance of covering in the tank at Spon End may again be drawn attention to.

Results of Analysis expressed in parts per 100,000.

SHUSTOKE.

Date of Receipt of Sample.	Description.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness.			Remarks.
								Tem-porary.	Perma-nent.	Total.	
1918.	Filter No.										
Jan 9	2, 3, 4, 5 & 6	0.000	0.016	2.1	0.16	0.148	38	7.4	12.5	19.9	Bright, few small particles
Feb. 7	1, 2, 4, 5 & 7	0.000	0.012	2.2	0.05	0.096	38	12.1	9.4	21.5	Bright and clear
Mar. 7	1, 2, 3, 4, 5 & 6	0.000	0.038	2.4	0.27	0.073	36	10.5	14.5	25.0	Bright, few small particles
April 11	7	0.000	0.012	2.3	trace	0.112	32	10.7	8.4	19.1	Bright and clear
May 9	4, 5, 6, & 7	0.000	0.008	2.8	0.11	0.054	33	7.2	11.9	19.1	do. do.
June 6	2, 3, 4, 5 & 6	0.000	0.008	2.7	1.40	0.061	30	6.7	11.5	18.2	Bright, few small particles
July 4	2, 3, 4, 5 & 7	0.000	0.004	2.55	0.27	0.048	28	6.2	11.5	17.7	Bright and clear
Aug 8	4, 5, 6 & 7	0.000	0.006	2.6	0.14	0.053	29	1.0	12.9	13.9	do. do.
Sept 5	1, 2, 3, 4, 5 & 6 & 7	0.000	0.008	2.8	0.22	0.055	35	5.5	10.9	16.4	do. do.
Oct. 8	2, 3, 4, & 5	0.000	0.008	2.6	trace	0.041	29	6.7	10.7	17.4	Bright and clear, good filtration
Nov. 7	1, 2, 3, 4, 5 & 7	0.000	0.008	2.8	0.25	0.100	34	6.3	10.4	16.7	do. do.
Dec 4	2, 3, 4, 5, 6 & 7	trace	0.008	2.4	0.25	0.117	31	9.5	10.1	19.6	Bright, few small particles

DOEBANK WELL, SPON END.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia.	Chlorine in Chlorides.	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter.	Hardness			Remarks.
							Tem-porary.	Perma-nent.	Total.	
1918.										
Jan 3	trace	0.006	2.3	0.22	0.020	50	8.4	18.7	27.1	Bright. Few small particles
April 9	do.	0.001	2.3	0.33	0.016	44	11.3	10.9	22.2	Do. do.
July 1	do.	0.0007	2.4	0.22	0.008	44	8.5	14.9	23.4	Do. do.
Oct. 7	do.	0.000	2.0	0.11	0.005	16	8.7	13.2	21.9	Do. do.

TANK, SPON END.

1918.										
Jan. 3	trace	0.005	2.0	0.33	0.023	41	9.8	15.2	25.0	Bright. Few small particles
April 9	0.000	0.003	2.3	0.30	0.018	46	9.6	10.6	20.2	Do. do.
July 1	0.001	0.001	2.3	0.25	0.008	38	10.4	13.8	24.2	Do. do.
Oct 7	0.000	0.002	2.0	0.14	0.017	45	8.4	13.8	22.2	Do. do.

WHITLEY.

Date of Receipt of Sample.	Free and Saline Ammonia.	Organic Ammonia	Chlorine in Chlorides	Nitrogen in Nitrates and Nitrites.	Oxygen absorbed in Four Hours at 80° F.	Total Solid Matter	Hardness.			Remarks.	
							Tem- porary.	Perma- nent.	Total.		
1918.											
Jan. 11	0.000	0.004	3.8	0.22	0.012	62	13.4	25.7	39.1	Bright and clear.	Cl., .01
" 16	0.000	0.004	3.9	0.19	0.0099	62	12.5	25.7	38.2	Do.	do. Cl., .02
" 18	0.000	0.004	3.7	0.22	0.005	62	14.9	23.3	38.2	Do.	do. Cl., .02
" 21	0.000	0.006	3.9	0.16	0.005	62	14.8	24.1	38.9	Do.	do. Cl., .025
" 24	0.000	0.004	3.9	0.27	0.002	63	15.6	22.6	38.2	Do.	do. Cl., .025
" 28	0.000	0.003	3.8	0.22	0.002	63	18.7	21.1	39.8	Do.	do. Cl., .025
Feb. 5	0.000	0.003	3.7	0.33	0.000	63	13.9	24.3	38.2	Do.	do. Cl., .02
" 13	0.000	0.003	3.8	0.16	0.002	63	16.4	21.8	38.2	Do.	do. Cl., trace
" 22	0.000	0.004	3.8	0.16	0.000	62	17.2	21.1	38.3	Do.	do.
" 25	0.000	0.003	3.7	0.22	0.022	63	17.3	21.8	39.1	Do.	do.
" 28	0.000	0.003	3.7	0.22	0.007	64	17.3	21.8	39.1	Do.	do.
Mar. 5	0.000	0.003	3.7	0.66	0.019	63	14.5	23.0	37.5	Do.	do.
" 9	0.000	0.005	3.7	0.65	0.000	62	18.5	22.5	41.0	Do.	do.
" 12	0.000	0.004	4.0	0.65	0.013	62	16.4	22.5	38.9	Do.	do.
" 15	0.000	0.003	3.9	0.60	0.005	62	17.8	22.5	40.3	Do.	do.
" 18	0.000	0.003	3.8	0.65	0.005	63	17.8	22.5	40.3	Do.	do.
" 22	0.000	0.003	3.7	0.66	0.013	62	17.8	21.8	39.6	Do.	do.
" 26	0.000	0.004	3.9	0.77	0.013	64	17.0	21.1	38.1	Do.	do.
April 5	0.000	0.003	3.9	0.52	0.016	63	15.4	23.6	39.0	Do.	do.
" 12	0.000	0.002	3.8	0.66	0.005	62	13.0	21.7	34.7	Do.	do.
" 15	0.000	0.004	3.8	0.66	0.005	63	14.3	21.1	35.4	Do.	do.
" 19	0.000	0.003	3.7	0.77	0.008	76	13.5	19.9	33.4	Do.	do.
" 22	trace	0.003	3.7	0.77	0.005	76	12.3	21.1	33.4	Do.	do.
" 26	0.000	0.002	3.7	0.77	0.012	65	14.5	21.1	35.6	Do.	do.
" 30	0.000	0.003	3.7	0.77	0.012	66	16.4	19.2	35.6	Do.	do. Cl., trace
May 3	0.000	0.002	4.1	0.72	0.007	62	11.2	19.9	34.1	Do.	do.
" 6	0.000	0.006	4.0	0.61	0.005	64	12.9	21.8	34.7	Do.	do.
" 10	0.000	0.006	3.9	0.72	0.002	64	14.9	19.2	34.1	Do.,	few small particles
" 13	0.000	0.006	3.9	0.55	0.002	63	13.6	21.1	34.7	Do.,	few small particles
" 30	0.000	0.002	4.0	0.66	0.014	61	12.8	21.1	33.9	Cl., trace	
June 5	0.000	0.003	3.8	0.66	0.002	61	11.4	22.5	33.9	Bright and clear	
" 12	0.000	0.004	3.8	0.77	0.006	63	12.8	21.1	33.9	Do.	do.
" 26	0.000	0.002	3.8	0.74	0.006	71	12.5	21.3	33.8	Do.	do.
July 10	0.000	0.002	3.8	0.66	0.005	65	14.1	21.7	36.1	Do.	do.
Aug. 8	0.000	0.000	3.8	0.61	0.002	67	14.9	21.8	36.7	Do.	do.
Sept. 6	0.000	0.002	3.9	0.72	0.002	59	12.6	19.6	32.2	Do.	do.
Oct. 4	0.000	0.002	3.7	0.77	0.007	57	11.1	21.4	32.8	Do.	do.
Nov. 15	0.000	0.002	3.7	0.61	0.002	62	12.0	20.2	32.2	Do.	do.
Dec. 4	0.000	0.002	3.9	0.77	0.005	65	8.9	21.4	30.3	Bright, few small particles	

NORTH WARWICKSHIRE WATER CO.

1918.										
Jan. 3	0.000	0.004	1.7	trace	0.036	38	9.0	16.0	25.0	Bright : few small particles
Feb. 8	0.000	0.004	1.6	0.08	0.005	45	16.4	11.2	27.6	Bright and clear
Mar. 11	0.000	0.004	1.7	trace	0.013	38	11.2	8.2	22.4	Bright : few small particles
April 9	0.000	0.005	1.7	trace	0.013	28	11.9	10.6	22.5	Do. do.
May 14	trace	0.003	2.0	0.11	0.007	42	16.4	9.5	25.9	Bright and clear
June 4	trace	0.001	1.7	0.06	0.024	20	7.8	12.6	20.4	Bright : few small particles
July 5	0.000	0.002	1.7	0.27	0.000	58	13.1	10.0	23.4	Do. do.
Aug. 13	0.000	0.001	2.0	trace	0.008	50	12.4	10.1	22.5	Do. do.
Sept. 9	0.000	0.000	2.1	0.52	0.002	48	12.1	9.8	21.9	Bright and clear
" 26	0.000	0.000	1.7	0.22	0.002	10	11.6	10.0	21.6	Do. do.
Nov. 13	0.000	trace	1.9	0.22	0.005	28	11.8	13.2	25.0	Do. do.
Dec. 4	0.000	0.000	1.8	0.19	0.005	37	11.8	10.1	21.9	Bright : few small particles

Refuse Removal.

Your City Engineer has kindly informed me that the following amount of house refuse has been removed during the year :—

	Cubic yards.	Cart loads.
Refuse removed	... 57,201	38,134

In 1917 the amount was as follows :—

Refuse removed	... 59,138	39,400
----------------	------------	--------

This is carted to the Refuse Destructor and there dealt with. Various particulars relating to refuse collection and destruction appeared in the Report for 1913.

Sewage Disposal.

Vide Report for 1916.

Health Visitors.

The summary of the work of the Health Visitors under the headings of their different duties is as follows :—

(1) Visits in regard to births; these have been spoken of under the heading of Infantile Mortality, pages 26 to 31.

(2) Visits relating to home work are referred to on page 84.

During the year the Health Visitors have paid 105 visits to workshops where females are employed.

(3) Infectious Disease. Visits, numbering 2,018 have been made with regard to infectious diseases; the greater proportion being in connection with Tuberculosis (1,981).

Of the remaining 37 visits, 30 have been paid to cases of Ophthalmia Neonatorum, and 5 to cases of Puerperal Fever.

(4) Work in connection with the Midwives Act is referred to on pages 39-40.

(5) Other miscellaneous work. During the year 552 miscellaneous visits have been made. These include the inspection of the public lavatories for women, visits in respect of neglected homes, dirty premises, dilapidations, alleged nuisances, overcrowded houses, and any other special information required by the Medical Officer of Health.

Throughout the year 81 nuisances and 18 dirty houses were reported to the Medical Officer of Health.

Classification of visits paid during 1918:—

Notified Births visited	...	...	...	2,284
Re-visits to Notified Births	...	...	...	4,170
Ante-natal Visits	...	...	...	70
Still-births	...	...	...	84
Infants' Deaths enquired into	...	...	...	5
Infectious Diseases	...	...	...	37
Phthisis	...	...	...	1,981
Outworkers	...	...	...	78
Workshops	...	...	...	105
Midwives	...	...	...	145
Mentally Deficient Cases	...	...	...	64
Miscellaneous	...	...	...	552
Hints on Feeding—252 posted	...	...	...
				9,575
Nuisances reported	...	...	...	81
Dirty houses found	...	...	...	18
Neglected homes	...	...	...	1

References to other Departments.

These included 38 references to the City Engineer, 152 to the Waterworks Engineer, and 613 to the Head Teachers of the Schools.

The character of the references to the City Engineer is set out in the following table:—

Unauthorised buildings	...	...	...	2
Foul gullies and complaints relating to sewers	...	...	...	12
Refuse removal	...	...	...	15
Miscellaneous	...	...	...	9

The references to the Waterworks Engineer dealt with such matters as waste of water from taps and cisterns, while those to Head Teachers related to infectious disease among school children and exclusions from school.

The Inspection of the District, and the Sanitary Staff.

That portion of the work of the Health Department connected with nuisances in and around dwellings can best be set out in tabular form. The figures in relation to these matters for the year are as follow :—

DRAINAGE AND PAVEMENT.				1917.	1918.
Drains opened and cleansed from obstruction				664	727
Drains provided with efficient traps	...			63	41
New Drains, inspection and intercepting chambers provided	...	...		16	10
Drains relaid	...	...	...	39	65
Sink drains disconnected from sewer	...			8	2
Drains tested	...	...	...	87	150
Soil pipes and ventilating shafts provided or improved	...	...	...	10	5
Courts and back yards paved and repaired				55	83
DWELLINGS.					
Floors of dwellings relaid or repaired	...			23	84
Dilapidated walls and ceilings repaired	...			22	68
Damp walls—damp courses inserted	...			6	4
Roofs repaired and made weatherproof	...			53	76
Dangerous stairs repaired	...	...		6	17
Additional windows provided and others made to open	...	...	...	11	25
Defective spouts repaired	...	...		62	77
Pantry ventilation improved	...	...		1	2
New sinks provided	...	...	...	14	18
New waste pipes provided and others repaired	...	...	...	26	36
Foul cellars cleansed and defects in drains remedied	...	...	...	1	3
Houses limewashed and cleansed	..			104	104
Houses limewashed after infectious disease				188	184
Cases of overcrowding dealt with	...			16	12
WATER CLOSETS AND URINALS.					
Additional water closets provided	...			25	15
Water closets reconstructed	...	...		21	4

WATER CLOSETS AND URINALS—*continued.*

	1917.	1918.
Water closets repaired and limewashed ...	94	114
Water closets provided with new basins and traps	147	159
Defective joints in flush pipes repaired ...	52	65
Foul W.C. basins and traps cleansed ...	875	655
Defective W.C. cisterns repaired ...	276	373
New flushing cisterns provided ...	49	70
Urinals cleansed and reconstructed ...	5	1
Urinals abolished	3	0

PRIVIES, ASHPITS AND DUSTBINS.

Offensive privies and pail closets con- verted into W.C.'s	1	1
Offensive privies and pail closets abolished	4	...
New W.C.'s erected in place of above ...	4	...
Offensive ashpits abolished	2	1
Sanitary dustbins provided in place of above	4	1
Other houses provided with sanitary dustbins	383	1025

VARIOUS.

Premises limewashed and cleansed ... ..	...	...
Smoke nuisances dealt with	5	2
Nuisances from animals kept, abated ...	55	49
Offensive accumulations removed ...	123	161
Courts and back yards cleansed by tenants	62	50
Gipsy tents and caravans removed ...	5	5
Water supply—additional taps provided... ..	15	1
Miscellaneous... ..	297	248
Totals	<u>3,982</u>	<u>4,793</u> [*]

* This total includes 284 drains, etc., cleansed by Health Department Staff.

So far as the work is capable of tabulation, the number of visits and other work involved is shown in the following table :—

	1917.	1918.
Number of visits to premises	14,819	16,587
Number of statutory notices issued	72	81
Cleansing notices, statutory	35	38
Number of informal notices issued	2,035	2,607
Number of letters issued	2,711	2,425
Number of summonses issued for non-compliance with notice to abate nuisance ...	9	—
Number of nuisances remaining unabated ..	32	38
Number of registered premises under supervision (not including workshops)	530	473
Number of visits paid to registered premises	2,645	1,917

In the preceding tables the figures for the previous year are inserted for comparison.

Summary of Inspectors' Work

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	Totals.
No. of drains opened, and cleansed from obstruction	336	411	335	713	629	449	443	479	664	727	5,186
drains provided with efficient traps	286	249	188	219	222	147	147	45	63	51	1,617
new drains provided to premises	771	312	282	310	266	193	202	95	152	215	2,798
sink drains disconnected from the sewer	24	16	2	1	5	1	4	3	8	2	66
new sinks provided and others repaired	62	110	104	107	126	188	164	51	40	54	1,006
floors and walls of houses repaired	442	579	483	542	392	378	337	139	57	156	3,505
roofs of houses repaired and made weatherproof	73	75	53	102	105	109	124	149	53	76	919
defective spouts repaired	103	86	68	157	106	85	111	53	62	77	908
houses linewashed and cleansed	361	605	345	460	534	485	393	208	104	104	3,599
houses cleansed after infectious disease	282	395	757	450	241	300	402	326	188	184	3,525
offensive privies or pail closets converted into water closets	37	20	19	23	8	2	2	2	1	1	115
offensive privies and pail closets abolished	30	34	22	22	6	8	4	...	4	...	130
new water closets erected in place of above	30	33	22	22	6	8	4	...	4	...	129
additional new water closets provided	74	45	44	35	46	37	26	12	25	15	359
water closets provided with new cisterns	98	62	103	114	103	78	53	23	49	...	683
" " " new basins and traps	272	288	304	302	208	162	141	77	147	159	2,060
foul water closet drains cleansed	343	262	321	667	498	310	324	281	875	655	4,536
defective W.C. cisterns, etc., repaired	191	193	150	398	277	163	145	152	328	508	2,505
offensive ashpits abolished	39	23	23	54	20	30	25	2	2	1	219
sanitary dustbins provided in place of the above	173	45	26	143	68	45	29	1	4	1	535
" " " to other premises	388	715	749	1733	1014	649	814	523	383	1025	7,993
urinals cleansed, repaired and reconstructed	22	28	17	50	23	27	53	12	8	1	241
courts and backyards paved and repaired	121	167	174	405	302	228	226	88	55	83	1,849
nuisances from animals kept, abated	76	51	52	38	54	48	53	45	55	49	521
accumulations of manure, etc., removed	104	95	59	114	94	114	160	83	123	161	1,107
smoke nuisances dealt with	50	53	25	15	26	51	41	3	5	2	271
cases of overcrowding dealt with	35	25	31	35	22	17	5	13	16	12	211
vent and soil pipes removed or replaced, and miscellaneous sanitary improvements effected	1,039	1,648	1,128	1,222	1,204	1,189	1,094	633	507	474	10,138
	5,862	6,625	5,886	8,453	6,605	5,501	5,526	3,498	3,082	4,793	56,731

Summary of other Miscellaneous Work FOR THE PAST TEN YEARS.

	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918
No. of visits and re-visits to premises ...	20,223	24,742	27,951	32,171	30,819	28,895	21,415	14,535	14,819	16,587
" notices issued for abatement of nuisances ...	2,040	1,841	1,769	3,416	3,520	3,162	2,064	1,445	2,035	2,607
" letters ...	1,958	1,967	1,495	2,488	2,754	3,082	3,874	3,066	2,711	2,425
" summonses issued for non-compliance with notices served to abate nuisances ...	6	9	1	2	1	...	...	...	9	...
" nuisances remaining unabated after expiration of notice ...	15	35	28	26	19	23	20	28	32	38
" registered premises under supervision ...	410	442	412	442	423	478	581	575	530	473
" visits paid to registered premises...	3,095	2,997	2,402	4,469	4,041	3,675	3,069	1,624	2,645	1,917
" references to City Engineer ...	233	216	44	56	116	76	55	39	38	38
" references to Water Engineer ...	107	84	81	62	52	63	58	95	222	152
" references to Education Department ...	981	1,574	1,605	954	631	1,654	1,806	1,497	1,045	613
" drains tested ...	436	362	204	195	222	247	176	113	87	150

During the year the depletion of the inspectorial staff continued as before. One of the Health Visitors was temporarily employed as a Sanitary Inspector. An additional temporary assistant inspector, Mr. A. E. Bennett, was appointed in July. Mr. R. W. Elmore, the laundry engineer of the City Hospital, who had been made responsible also for the motor ambulance driving and disinfecting, was claimed for the Army in August; a substitute was found in Mr. F. Shipston.

I have prepared a special report on the Maternity and Child Welfare Act, 1918, which is now under the consideration of the Committee entrusted with the powers conferred by that Act.

I am appending to this Report a record of the magisterial proceedings which have been called for during the year, an extended schedule of the ages at, and causes of death, a return of the samples taken under the Food and Drugs Act, and the Annual Report of the School Medical Officer.

I am, Mr. Mayor and Gentlemen,

Your obedient servant,

E. H. SNELL,

Medical Officer of Health.

Public Health Department,
Coventry,
May, 1919.

MAGISTERIAL PROCEEDINGS, 1918.

No of Case.	Complaint.				Result.	Total Costs.
1	Selling adulterated milk	...	...	...	Fined £20 and analysts' fee 10/6	£ s. d. 20 10 6
2	Ditto	ditto	...	...	Fined £10 and analysts' fee 10/6	10 10 6
3	Ditto	ditto	...	...	Fined £3 and analysts' fee 10/6	3 10 6
						£34 11 6

Sale of Food and Drugs Act, 1875.

Summary of the Reports of the Public Analysts for the City of Coventry upon the articles analysed by them under the above Act for the year ending 31st December, 1918.

Articles submitted for Analysis.	State whether the Sample was submitted to the Analysts by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.	
FIRST QUARTER.				
Milk	Samples 36	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine	
„	1	„	Adulterated—11 % added water	Vendor kept under observa- tion. Subse- quent sample proved to be genuine
Margarine	1	„	Genuine.	
SECOND QUARTER.				
Milk	Samples 17	„	All Genuine	
„	1	„	Adulterated—Deficient of 21 % of Fat	Vendor—re- tailer. Subse- quent samples obtained from farmer
„	1	„	Adulterated—Deficient of 13 % of Fat	Vendor—far- mer. Three churns of genuine milk, and one with milk deficient of fat due to improper mix- ing. Cautioned by letter
„	1	„	Adulterated—Deficient of 10 % of Fat	
„	1	„	Adulterated—43% of added water	Vendor—far- mer. Fined £20 and ana- lysts' fee
„	1	„	Adulterated—55 % of added water and deficient of 13 % of Fat	

Sale of Food and Drugs Act, 1875—continued.

Articles submitted for Analysis.	State whether the sample was submitted to the Analysts by an Officer acting under direction of a Local Authority under Section 13 of Act, and if so the name of such Authority.	Result of Analysis showing whether the Sample was Genuine or Adulterated, and if Adulterated, what were the nature and extent of the Adulterations.	Observations.
THIRD QUARTER.			
Milk	Samples 28	Mr. W. H. Clarke, Food & Drugs Inspector to the City of Coventry.	All Genuine
"	1	"	Adulterated—5·5 % added water
"	1	"	Adulterated—24 % added water
"	1	"	Adulterated—27 % added water
"	1	"	Adulterated—7 % added water
"	1	"	Adulterated—3·5 % added water
FOURTH QUARTER.			
Milk	Samples 67	"	All Genuine
"	1	"	Adulterated—15 % added water
"	1	"	Adulterated—20 % added water
"	1	"	Adulterated—20 % added water
Butter	6	"	All Genuine
Lard	8	"	"
Dripping	3	"	"
Coffee	2	"	"
Cocoa	1	"	"
Pepper	2	"	"
Arrowroot	1	"	"
Olive Oil	3	"	"
Dripping	1	"	Adulterated—0·8 % excess of free fatty acids
"	1	"	Adulterated—1·7 % excess of free fatty acids

In formal sample. Subsequent formal sample proved genuine

In formal sample from retailer

Formal sample from wholesaler of above. Fined £10 and analysts' fee

Same vendor as above

Fined £3 and analysts' fee

In formal samples from same vendor

Dripping withdrawn from sale

EXTENDED SCHEDULE OF AGES AND CAUSES OF DEATH, YEAR 1918.

100

No.	CAUSE OF DEATH.	Ages.															Total.
		Ages.															
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
1	Enteric Fever ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
2	Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3	(a) Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Mediterranean Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4	Malaria ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
5	Small-pox—	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Vaccinated ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Not Vaccinated ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Doubtful ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
6	Measles ..	1	3	2	2	..	..	..	..	..	..	..	..	..	..	8
7	Scarlet Fever ..	..	..	1	2	..	1	..	..	..	..	..	..	..	..	4
8	Whooping Cough ..	2	4	4	1	..	..	..	..	..	..	..	..	..	..	11
9	(a) Diphtheria ..	2	3	9	6	..	..	..	..	..	..	..	..	..	..	20
	(b) Membranous Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Group ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10	Influenza ..	10	15	37	21	12	40	39	138	62	44	11	10	19	5	463	
11	Miliary Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12	Asiatic Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
13	Cholera Nostras ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
14	Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15	Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16	Yellow Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
17	Leprosy ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
18	Erysipelas ..	..	..	..	1	..	..	..	..	..	1	..	..	1	..	4
19	(a) Mumps ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) German Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Varicella ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Other Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
20	(a) Pyaemia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Septicaemia ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2
	(c) Vaccinia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
21	Glanders ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
22	Anthrax, Splenic Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
23	Rabies ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
24	Tetanus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
25	(a) Actinomycosis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Mycoses ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
26	Pellagra ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS ..	15	25	53	33	12	40	40	138	65	45	12	10	20	5	513	

No.	CAUSE OF DEATH.	Ages.															Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
50	Diabetes .. ..	..	..	..	..	..	..	..	..	1	3	1	3	1	..	1	10
51	Exophthalmic Goitre ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
52	Addison's Disease ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
53	(a) Leucoeythaemia (Leuchaemia) (b) Lymphadenoma ..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
54	Anaemia, Chlorosis ..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	5
55	(a) Diabetes Insipidus .. (b) Purpura (c) Haemophilia (d) Other Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
56	Alcoholism, Acute or Chronic ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
57	(a) Occupational Lead Poisoning .. (b) Non-occupational Lead Poisoning .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
58	Other Chronic Occupational Poisonings .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
59	Other Chronic Poisonings ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
60	Enecephalitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
61	(a) Cerebro-Spinal Fever .. (b) Posterior Basal Meningitis .. (c) Meningitis, other forms ..	1	..	..	2	1	..	2	..	..	1	..	..	..	..	..	12
62	Locomotor Ataxy	4	2	..	..	..	..	..	..	..	1	..	..	..	..	..	1
63	Other diseases of the spinal cord .. (a) Diseases formerly classed to "Other Nervous Affections" ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
64	(b) Other Diseases .. ..	..	..	..	..	..	..	..	..	..	2	..	..	1	1	..	2
	(a) Apoplexy (b) Serous Apoplexy and Oedema of Brain .. ..	..	..	..	..	..	..	..	..	..	1	2	2	8	4	..	17
65	(c) Cerebral Congestion ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(d) Cerebral Atheroma ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
66	(e) Cerebral Haemorrhage ..	..	..	..	..	..	..	..	3	..	2	4	5	11	13	3	41
	Softening of the Brain ..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	1
67	(a) Hemiplegia .. ..	..	..	..	..	..	..	..	..	..	2	..	..	1	..	..	3
	(b) Paraplegia .. ..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1
68	(c) Other forms of Paralysis ..	..	..	..	..	..	..	2	..	..	3	2	..	..	..	..	1
	General Paralysis of the Insane ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	9
	Other forms of Mental Alienation ..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	2
	TOTALS ..	5	3	..	2	1	..	5	8	17	13	11	25	18	4	4	112

No.	CAUSE OF DEATH.	AGE.														Total.
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85 and upwards	
69	Epilepsy .. ..	..	..	..	1	..	..	1	1	..	1	..	1	..	..	6
70	(a) Epileptiform Convulsions ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
71	(b) Other Diseases .. ..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2
	(a) Convulsions from Teething ..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2
72	(b) Other Infantile Convulsions ..	9	1	2	..	..	..	..	..	..	..	..	..	..	..	12
	Chorea .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
73	(a) Hysteria, Neuralgia, Sciatica ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
74	(b) Neuritis .. ..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1
	(a) Idiocy, Imbecility .. ..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	2
75	(b) Cretinism .. ..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1
	(c) Cerebral Tumour .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
76	(d) Other Diseases .. ..	..	..	1	1	..	..	..	1	..	..	..	..	..	..	3
	Diseases of the Eyes and Annexa ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
77	(a) Mastoid Disease .. ..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2
78	(b) Other Diseases of the Ears ..	..	..	..	..	1	..	..	..	..	..	..	2	..	..	1
	Pericarditis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
79	(a) Acute Myocarditis .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1
	(b) Infective Endocarditis .. ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	3
80	(c) Other Acute Endocarditis ..	1	..	..	..	..	1	..	..	..	15	6	12	9	..	57
	(a) Valvular Disease .. ..	..	..	..	..	1	..	3	5	5	..	..	..	..	..	..
81	(b) Fatty Degeneration of the Heart ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Organic Diseases of the Heart ..	..	..	..	2	1	2	3	3	8	9	8	16	8	..	60
82	Angina Pectoris .. ..	..	..	..	..	..	..	..	..	..	..	1	2	1	..	4
	(a) Aneurism .. ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
83	(b) Arterial Sclerosis .. ..	..	..	..	..	..	..	..	..	..	3	1	6	4	1	15
	(c) Other Diseases of Arteries ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
84	(a) Cerebral Embolism and Thrombosis ..	..	..	..	..	..	..	..	..	..	2	2	..	3	..	8
	(b) Other Embolism and Thrombosis ..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	2
85	(a) Phlebitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Varix .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
86	(c) Pylephlebitis .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Variocoele .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
87	(a) Status Lymphaticus .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Diseases of the Lymphatic System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..		12	1	3	3	7	3	7	13	12	30	12	42	26	1	190

No.	CAUSE OF DEATH.	Ages.															Total
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
85	Hæmorrhage, other Diseases of the Circulatory System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Functional Diseases of the Heart ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Epistaxis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Diseases ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
86	Diseases of Nasal Fossæ ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
87	(a) Laryngismus Stridulus ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Laryngitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Other Diseases of the Larynx ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
88	Diseases of the Thyroid Body ..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
89	Acute Bronchitis ..	26	9	2	1	..	..	1	2	5	4	3	8	..	..	61
90	Chronic Bronchitis ..	..	..	..	..	..	1	1	4	8	4	12	23	20	2	75
91	Broncho-Pneumonia ..	13	20	11	5	..	1	1	1	2	..	2	3	1	..	59	
92	(a) Lobar Pneumonia ..	..	1	2	..	2	1	2	3	3	2	2	..	1	..	26
	(b) Pneumonia, type not stated ..	12	6	7	4	3	9	5	5	10	2	4	10	1	..	91	
93	(a) Empyema ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Other Pleurisy ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
94	(a) Pulmonary Apoplexy and Infarction ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Pulmonary Oedema and Congestion ..	..	..	..	..	..	..	..	1	1	..	1	1	..	..	4
	(c) Hypostatic Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(d) Collapse of Lung (3 months and over) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
95	Gangrene of Lung ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
96	Asthma ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
97	Pulmonary Emphysema ..	..	..	..	..	..	..	..	1	2	3	..	4	1	..	11
98	(a) Fibroid Disease of Lung ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
	(b) Other Diseases of the Respiratory System ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
99	(a) Diseases of the Teeth and Gums ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(b) Thrush, Aphthous Stomatitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(c) Parotitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Other Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
100	(a) Tonsillitis ..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	2
	(b) Ludwig's Angina ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
101	(c) Other Diseases of the Pharynx ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Diseases of Oesophagus ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
	TOTALS ..	52	36	22	11	6	11	9	23	18	29	16	25	51	25	336	

Ages.

CAUSE OF DEATH.

No.

No.	CAUSE OF DEATH.	AGE.													Total		
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75		75 to 85	85 and upwards.
102	Ulcer of Stomach ..	..	..	..	..	..	..	1	1	1	1	1	..	..	..	4
103	(a) Inflammation of Stomach ..	1	..	..	1	..	..	..	..	..	..	..	1	1	..	6
104 & 105	(b) Other Diseases of Stomach ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3
	(a) Infective Enteritis ..	11	1	..	..	..	..	..	..	..	..	..	..	..	..	12
106	(b) Diarrhoea, not returned as Infective..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	4
	(c) Enteritis, not returned as Infective ..	3	..	..	..	..	..	..	..	..	..	1	..	2	..	6
107	(d) Gastro-Enteritis, not returned as Infective ..	7	..	..	..	..	..	..	..	..	..	..	1	..	1	9
108	(e) Dyspepsia, under 2 years ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
109	(f) Colic ..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
	(g) Ulceration of Intestines ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
110	(h) Duodenal Ulcer ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Ankylostomiasis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
111	Other Intestinal Parasites ..	..	..	..	..	..	..	1	1	1	1	..	1	..	..	8
112	Appendicitis ..	1	..	1	1	1	1	1	1	3	..	..	2	8	..	10
113	(a) Hernia ..	1	..	..	..	..	..	..	..	1	1	1	1	..	..	11
	(b) Intestinal Obstruction ..	2	..	2	1	..	1	..	1	..	..	1	..	..	..	1
114	Other Diseases of the Intestines ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
	Acute Yellow Atrophy of Liver ..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
115	Hydatid of Liver ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
116	(a) Cirrhosis of the Liver, not returned as alcoholic ..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
	(b) Cirrhosis of the Liver, returned as alcoholic ..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	4
117	(c) Diseases formerly classed to "Other Diseases of Liver and Gall Bladder" ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Biliary Calculi ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
118	Other Diseases of the Liver ..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	2
119	(a) Infarction of Spleen ..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1
	(b) Other Diseases of the Spleen ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
120	Peritonitis, cause unstated ..	..	..	1	..	..	..	..	..	..	1	..	..	..	1	4
	(a) Abdominal Abscess, Subphrenic Abscess ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
121	(b) Other Diseases..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	Acute Nephritis ..	1	..	..	2	..	1	..	..	1	..	..	..	..	..	6
TOTALS ..		34	2	4	5	1	..	3	2	6	10	3	6	10	7	1	94

Ages.

CAUSE OF DEATH.

No.

CAUSE OF DEATH.		AGE.															Total
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards	
120	(a) Bright's Disease as in 1901 list (b) Nephritis (unqualified) 10 years and over and Uremia	..	..	..	..	..	1	1	..	..	3	1	..	4	2	..	12
121	Chyluria .. ..	..	..	..	..	1	..	..	2	..	2	3	1	..	..	..	9
122	(a) Abscess of Kidney (b) Cystic Disease (c) Suppression of Urine (d) Other Diseases .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
123	Calculi of the Urinary Passages ..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
124	Diseases of the Bladder .. ..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	3
125	(a) Perineal Abscess (b) Other Diseases of Urethra, etc.	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
126	Diseases of Prostate .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	2
127	Non-Venereal Diseases of Male Genital Organs .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
128	(a) Menorrhagia (b) Other Uterine Hemorrhage...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
129	Uterine Tumour, non-cancerous	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
130	(a) Disorders of Menstruation, except Menorrhagia (b) Other Diseases.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
131	Ovarian Cyst Tumour, non-cancerous .. ..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	2
132	(a) Diseases of Ovary, excluding Ovarian Tumour (b) Other Diseases.. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
133	Non-Puerperal Diseases of the Breast, non-cancerous .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
134	(a) Abortion.. .. (b) Hemorrhage of Pregnancy (c) Uncontrollable Vomiting (d) Ectopic Gestation (e) Other Accidents of Pregnancy	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
135	Puerperal Hemorrhage .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
136	Other Accidents of Childbirth ..	..	..	..	..	..	..	1	2	4	..	..	..	..	..	..	7
137	Puerperal Fever .. ..	..	..	..	..	..	1	..	1	1	..	..	..	..	..	..	3
138	(a) Puerperal Nephritis and Uremia (b) Puerperal Albuminuria and Bright's Disease (c) Puerperal Convulsions .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS .. ..	..	..	..	..	1	2	3	7	8	5	6	1	8	4	..	45

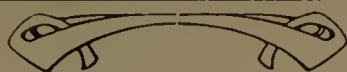
No.	CAUSE OF DEATH.	Ages.														Total.	
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85 and upwards.		
153	(c) Injuries at Birth	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
154	(d) Cyanosis Neonatorum	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
154	Lack of Care (under 3 months)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
155	(a) Senile Dementia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
156	(b) Senile Decay	..	..	..	..	..	..	..	..	..	..	..	2	2	1	6
156	Suicide by Poison	..	..	..	..	..	..	..	..	..	..	..	2	55	14	103
156	Suicide by Asphyxia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
157	Suicide by Hanging or Strangulation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
158	Suicide by Drowning	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2
159	Suicide by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
160	Suicide by Cutting or Piercing Instruments	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
161	Suicide by Jumping from High Place	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
162	Suicide by Crushing	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
163	Other Suicides	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
164	Poisoning by Food	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
165	Other Acute Poisonings	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
166	Conflagration	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
167	Burns (conflagration excepted)	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..
168	Absorption of deleterious Gases (conflagration excepted)	1	..	..	..	..	..	..	1	..	..	..	..	1	..	3
168A	Overlaying	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
169	Accidental Drowning	..	..	1	..	..	..	1	1	..	..	..	..	..	..	3
170	Injury by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
171	Injury by Cutting or Piercing Instruments	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
172	Injury by Fall	..	..	..	..	..	..	1	..	1	..	..	1	2	..	7
173	Injury in Mines and Quarries	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
174	Injury by Machines	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
175	Injury by other Crushing (vehicles railways, landslides, &c.)	..	..	1	..	..	..	1	..	1	..	..	..	1	..	4
176	Injury by Animals	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1
177	Starvation	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
178	Excessive Cold	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
179	Effects of Heat	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
180	Lightning	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
181	Electricity (lightning excepted)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
182	Homicide by Firearms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	TOTALS	3	..	5	1	1	6	3	3	3	5	98	56	15	139

No.	CAUSE OF DEATH.	Ages.															Total
		0 to 1	1 to 2	2 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 60	60 to 65	65 to 75	75 to 85	85 and upwards.	
183	Homicide by Cutting or Piercing Instruments .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
184	Homicide by other means .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
185	Fractures (cause not specified) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
186	Other Violence .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
187	Dropsy .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
188	(a) Syncope (aged 1 year and under 70) .. ..	..	..	..	1	..	..	1	..	5	3	..	3	..	..	..	13
	(b) Sudden death not otherwise defined .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
189	Ill-defined causes .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(a) Heart Failure (aged 1 year and under 70) .. ..	..	..	..	..	..	1	1	..	..	1	2	..	..	..	..	5
	(b) Atrophy, Debility, Marasmus (aged 1 year and under 70) ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	(c) Teething .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(d) Pyrexia .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	(e) Other ill-defined deaths	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	3
	(f) Cause not specified .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
190	Uncertified	3	1	2	..	..	..	..	1	..	..	1	1	1	1	..	10
	TOTALS, SHEET No. 9 ..	5	2	2	1	..	1	1	2	1	7	4	3	4	2	..	35
	TOTALS, SHEET No. 8 ..	3	..	5	1	1	..	..	6	3	3	3	5	38	56	15	139
	TOTALS, SHEET No. 7 ..	116	..	1	1	..	1	2	1	2	..	..	1	1	3	1	128
	TOTALS, SHEET No. 6 ..	34	2	4	5	1	2	3	7	8	5	6	1	8	4	..	45
	TOTALS, SHEET No. 5 ..	52	36	22	11	6	11	9	23	18	29	16	25	51	25	2	336
	TOTALS, SHEET No. 4 ..	12	1	3	3	7	3	7	13	14	30	12	18	42	26	1	190
	TOTALS, SHEET No. 3 ..	5	3	..	2	1	..	..	5	8	17	13	11	25	18	4	112
	TOTALS, SHEET No. 2 ..	15	6	13	6	8	24	19	50	53	62	24	25	33	15	2	355
	TOTALS, SHEET No. 1 ..	15	25	53	33	12	40	40	138	65	45	12	10	20	5	..	513
	GRAND TOTALS ..	257	75	103	63	37	82	82	247	176	208	93	105	232	161	26	1947

CITY OF COVENTRY.



Annual Report



OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1918.

EDUCATION COMMITTEE.

THE MAYOR (MR. COUNCILLOR J. I. BATES, B.Sc., J.P.) *Chairman.*

MR. COUNCILLOR S. GORTON, J.P., *Vice-Chairman.*

MR. ALDERMAN BATCHELOR.	MR. COUNCILLOR POOLE, J.P.
" " FOWLER, M.D., J.P.	" " PUGH, J.P.
" " LEE, J.P.	" " WALE, O.B.E.,
" " SODEN, M.R.C.S., J.P.	" " WYLES. [J.P.]
" COUNCILLOR BARNACLE.	MRS. E. STEARNS.
" " CALDICOTT.	MISS M. SCAMPTON.
" " CLELAND.	MR. J. NAYLOR FRANKLAND, M.A.,
" " FLINN.	D.Sc.
" " GOATE, J.P.	" J. W. LEE.
" " HALPIN, J.P.	" J. LUPTON, M.A.
" " JONES, J.P.	" E. J. KIPPS, M.Sc.
" " LEE.	" A. TURNER.

MEDICAL DEPARTMENT.

School Medical Officer - E. H. SNELL, M.D., D.P.H.

Assistant Medical Officer - A. H. NEWTON, M.B., CH.B.

- E. BRAMLEY MOORE, M.D. (Florence),
(*temporary*).

- G. VERHELST, M.D. (Louvain) (*temporary*).

School Oculist - T. HARRISON BUTLER, M.A., M.D.

X-Ray Specialist - T. E. C. COLE, M.A., M.D., M.R.C.P.

School Dentist - CLAUDE TAYLOR, L.D.S. (*on War Service*).

- F. W. AITKEN, L.D.S. (*temporary*).

- EDITH R. SLOAN, L.D.S. (*temporary*).

MISS IDA M. RALPH. §†† (*on War Service*).

,, AMY M. MARKHAM. †††

,, GLADYS I. WHITE. † (*on War Service*).

School Nurses - Mrs. EDITH S. LAMBORN. §†† (*temporary*).
Resigned February, 1918.

Miss A. L. LYDDON §†† (*temporary*).

Miss A. M. WOODS §† (*temporary*).

Clerk - T. F. MARSDEN. } *on War Service.*

Junior Clerk - H. WATERS.

- Miss F. M. LYE (*temporary*).

§ Certificate of Central Midwives Board.

† Health Visitor's Certificate of Royal Sanitary Institute.

‡ Certificated Nurse.

* Inspector's Certificate Royal Sanitary Institute.

CITY OF COVENTRY.

Fourteenth Annual Report

OF THE

SCHOOL MEDICAL OFFICER.

To the Right Worshipful the Mayor, Aldermen,
and Councillors of the City of Coventry.

MR. MAYOR AND GENTLEMEN,

I have the honour of presenting the fourteenth Annual Report concerning the schools and school children under your superintendence in this City, a system of medical inspection having been inaugurated by your Council in 1905.

The Memorandum issued by the Board of Education in November, 1907, on the Education (Administrative Provisions) Act contained Regulations concerning the Annual Report which was to be compiled as a result of the work under the Act. These appeared in the Annual Report for 1916.

The work of School Medical Inspection was again considerably interfered with during the year owing to war conditions.

The tenure of the post of Assistant Medical Officer underwent further vicissitudes during the year. Dr. E. Bramley-Moore, who commenced to hold this post on October 1st, 1917, resigned on May 31st, 1918; Dr. Gustave Verhelst (M.D. Louvain) took up the duties from June 1st to August 31st., when Dr. Newton, having been released from the Army, was at liberty to resume his work.

The Temporary School Dentist, Mr. F. W. Aitken, L.D.S., having left on August 31st (to take a similar appointment in Birmingham), Miss Edith R. Sloan, L.D.S., was appointed to this office, and commenced her duties on September 17th.

A temporary School Nurse (Mrs. Lamborn) left at the end of February, and Nurse A. M. Woods was appointed in March.

The Eye and X-Ray Departments continued working during the whole year.

The Report for 1917 indicated that the Education Committee was assuming the management and responsibility for the Corley Open-Air Camp; and that it had now been recognised as an Open-air School by the Board of Education. This report shews that that institution has continued to be very useful. In fact, as Dr. Newton has suggested, the effects of open-air methods prove themselves so beneficial not only to the bodily health, but also to the mental health of children, that it would be reasonable to apply some of their principles to the construction and practice of all schools. In a subsequent portion of this report the lack of proper ventilation of class-rooms is referred to. Perhaps such defects in practice could best be met by an alteration in the construction of new schools.

Attention may be drawn to the excellent first annual report of Miss E. K. Brown, the Organiser of Physical Training, concerning her work for the year (pages ~~26-31~~. 136-141.)

The work done in the Dental Department has proved so useful that during the writing of this report the appointment of a second whole-time Dentist has been resolved on by the Education Committee and approved by the Board of Education.

The question of the provision of a convalescent home for children is referred to on page ~~35~~. 145

By the Local Education Authorities (Medical Treatment) Act, 1909, it is imperative for the Local Education Authority to charge *something* (not exceeding the cost of the treatment) to the parent in respect of any treatment provided for his child. For some years past it has been customary here for a uniform charge of one shilling to be made for each child treated in the Dental (except casual urgencies) Eye and X-Ray Departments. This uniform charge has the advantage of simplicity, but it is obvious that even if obtained in every case the resulting amount covers only a tithe of the expense involved.

Further, there is no doubt that the collection of this sum does to a certain extent interfere with the carrying out of necessary treatment in some cases. It is doubtful whether the time involved by the collection of these fees is counterbalanced either by the amount collected or by the perhaps imaginary advantage of insisting on the *partial* responsibility of parents.

(a) THE SANITARY CONDITION OF THE SCHOOLS.

Coventry has 27 Elementary Schools.

There are 16 Council Schools and 11 Non-Provided Schools.

The nominal total accommodation of the Elementary Schools is now for 17,841 scholars. There are 20,118 children on the school registers. This shows a considerable degree of overcrowding which it is hoped will be remedied as soon as possible now that the war is over. One temporary school has been opened at Station Street West with accommodation for 210 scholars.

Ventilation.

A large proportion of the Coventry schools are modern and well built. Even the older, generally non-provided, schools have in recent years been considerably improved as regards the amount of openable windows. Little excuse therefore exists for the classrooms not being adequately ventilated, yet on this point Dr. Newton writes as follows :—

“The ventilation of the classrooms is still far from satisfactory. It is seldom that one can enter a classroom, except during the few summer months, without being at once aware that the air is not fresh. This should not be so. One cannot help feeling that a certain amount of the malnutrition from which so large a number of the school children of the City suffer is due to the vitiated atmosphere of the classrooms. So often do parents bring up their children to the systematic examination or to the Clinic with the remark that ‘he (or she) has been falling away ever since he started school,’ that I personally am convinced that the bad home conditions to which physical defect is so often attributed are not wholly responsible, but that something must be attributed to bad school conditions.

Good work has been done during the last four years at the school camp and at the open-air classes at Centaur Road School, but this curative measure must not be considered as effectively combating the evil of physical defect.

Supposing it be granted that inefficient ventilation is the cause of malnutrition and the success of the open-air classes above mentioned points to the conclusion that this is true—how can this be prevented? In my opinion, in one way, and in one way only, viz., by making every school an open-air school. That

is to say, by building all classrooms with only three sides, the remaining side to be entirely open to the air."

It is to be hoped that in the case of new schools projected in the future the type of cross ventilation so well carried out in the Broad Street School may receive consideration. It has been shown in that school that it is possible to do without the central hall. One distinct disadvantage of the latter is that on any overcrowding of the classrooms there is a great temptation to use the central hall as an additional classroom. During the war this may have been necessary, but the tendency existed before the war. The central hall is not built or intended for a classroom; but only an occasional place of meeting or a means of access to the different classrooms.

The flat roof construction of the Centaur Road School might well also be imitated in other schools; the open-air classes held on that roof have been of benefit to many delicate children. In regard to existing schools Dr. Newton remarks as follows:—

"What can be done in the existing schools? The difficulty arises from two causes. (1) Insufficient heating. (2) Almost unavoidable draughts from windows. Neither of these defects can be overcome entirely, but the following points might be considered. It is perhaps not necessary to attempt to maintain such a high temperature as is usually suggested for classrooms. From observations made on temperatures during last November and December it seems that children can be comfortable in rooms in which the temperature is as low as 52 degrees F. In support of this it may be pointed out that the children at the roof class at Centaur Road School were perfectly comfortable without any form of heating apparatus during several very cold and wet weeks last autumn. The evil effect of draughts is probably also exaggerated.

The following simple rules might be suggested to Head Teachers as the minimum conditions which should be carried out in all schoolrooms:—

(1) First let everyone concerned realise that foul air is more dangerous than cold air.

(2) *Some* windows must always be open while children are present in the room.

(3) *All* shouldered windows on one side of the room at least should always be open.

(4) Every available means of ventilation should be in use while the children are taking indoor physical exercise.

(5) Rooms should be thoroughly flushed with fresh air after the children leave.

(6) If the temperature falls below 52 degrees F. extra clothing should be worn and frequent spells of physical exercise given.

Cleanliness.

More should be done with regard to the cleanliness of school buildings. Too much dust is always present, and probably has some bearing on the large number of cases of chronic nasal discharge which are found, particularly in Infants' Departments."

Baths.

In any new schools it may be hoped that the question of the provision of bathing arrangements may be considered. The provision of shower baths is so simple, that it is curious they are not an adjunct to all schools. They were even provided for the late encampment of German prisoners at Radford.

(b) ARRANGEMENTS FOR MEDICAL INSPECTION.

Methods of Inspection.

These have continued the same as in previous years.

(c) EXTENT AND SCOPE OF MEDICAL INSPECTION.

The work falls naturally into two divisions: Systematic inspection of certain age groups (known as "Code" groups), and the inspection of other children brought forward by teachers or parents, and known as "Specials."

Inspection of "Code" Groups.

The age groups systematically inspected at present are the "Entrants," aged 5 and 6 years, and "Leavers," aged 12 and 13 years. Owing to the increase in the number of children in the City, to the interruption of the work by changes in the staff, and to the increasing need for examination and treatment of "Specials," this examination has not been completed for the past year.

This work is done, with a few exceptions, at the schools, seven sessions per week being devoted to it. As a rule, 25 and

20 are the numbers examined during morning and afternoon sessions respectively. It is probably wise not to exceed these numbers, as this work is very monotonous, and would tend to become mechanical and superficial if larger numbers were attempted.

The attendance of parents at these examinations is of great importance. Personally, I am convinced that the child's symptoms, described of course by the parent, are of considerable importance. The attendance of the parents of the infants is good, but that of those of the older children is poor. This is probably because, while some of the parents value the work of medical inspection, the majority come because the children are nervous; a reason which applies of course chiefly in the case of infants. The average attendance of parents of entrants was 53.8 per cent.; of leavers, 26.0 per cent.

Inspection of "Specials."

This is done partly at the schools and partly at the Clinic. At the schools it is done as part of the class to class examination. This is now done immediately before the code examination at each school, chiefly by the nurses. All special or doubtful cases are then noted and examined by the Assistant School Medical Officer later. This method allows him to see all border-line cases in which there is a doubt as to whether a notice that they require treatment should be sent or not. Special cases seen at the Clinic are reported on under that heading on page 18.

The great majority of teachers seem now to be assured of the usefulness of medical inspection, and do all in their power to arrange suitable rooms and to persuade parents to attend and to carry out any advice given.

During the year, 207 visits were paid to the schools by the Assistant School Medical Officer, and 321 by the School Nurses.

(d) FACTS DISCLOSED BY MEDICAL INSPECTION.

The following tables have been drawn up in accordance with suggestions received from the Board of Education.

Table I (B. of E). Number of Children Inspected 1st January, 1918,
to 31st December, 1918.

A.—"CODE" GROUPS.

		ENTRANTS.						
Age		3	4	5	6	Other Ages.	Total.	
Boys	497	261	..	758	
Girls	485	258	..	743	
Totals	982	519	..	1501	

		Entrants.	Inter- mediate Group.	LEAVERS.					
Age			8	12	13	14	Other Ages.	Total.	Grand Total.
Boys	758	..	..	130	443	16	..	589	1347
Girls	743	..	..	129	456	7	..	592	1335
Totals	1501	..	..	259	899	23	..	1181	2682

B.—GROUPS OTHER THAN "CODE."

	Intermediate Group (other than 8 years)	Special Cases	Re-Examinations (i.e., No. of Children (Re-examined)
Boys		1420	1093
Girls		1619	920
Totals		3039	2013

Among the facts elicited from the systematic examination of these 2,682 children is the following information concerning the infectious illnesses from which they have suffered prior to that examination :—

Measles	1811 or 67 per cent.
Whooping Cough	990 or 36 per cent.
Chicken Pox	674 or 25 per cent.
Scarlet Fever	318 or 11 per cent.
Diphtheria	87 or 3 per cent.

Table II. (B. of E.)—Return of Defects found in the course of Medical Inspection in 1918.

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	
	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition .. .. .	..	29	140	75
Uncleanliness—				
Head	26	..	542	..
Body .. .. .	..	..	1	..
{ Ringworm—Head	1	..	86	..
{ Body	1	..	50	..
Skin { Scabies	5	..	222	..
{ Impetigo	4	..	395	..
{ Other Disease .. .. .	..	..	98	..
Eye { Defective Vision and Squint	171	..	133	..
{ External Eye Disease	7	..	15	10
Ear { Defective Hearing	8	..	20	31
{ Ear Disease .. .. .	..	..	33	..
Teeth	463	..	95	..
Nose { Enlarged Tonsils	42	47	128	..
and { Adenoids	45	..	..	..
Throat { Enlarged Tonsils & Adenoids	52	..	3	..
Defective Speech .. .. .	..	..	..	6
Heart { Heart Disease—				
and { Organic .. .. .	..	3	..	30
Circulation { Functional .. .. .	..	..	..	3
{ Anæmia .. .. .	..	..	..	21
{ Pulmonary Tuberculosis—				
{ Definite .. .. .	..	..	11	..
{ Suspected .. .. .	..	15	24	79
Lungs { Chronic Bronchitis .. .. .	..	5	2	13
{ Other Disease .. .. .	..	..	..	57
Nervous { Epilepsy .. .. .	..	3	..	9
System { Chorea .. .. .	..	..	6	1
{ Other Disease .. .. .	..	..	..	1
Non-Pulmonary Tuberculosis—				
Glands .. .. .	..	2	..	4
Bones and Joints .. .. .	..	..	1	..
Other Forms .. .. .	..	1	5	3
Rickets .. .. .	..	..	..	..
Deformities .. .. .	..	12	3	55
Other Defects or Diseases	5	..	18	249
	830	117	2034	647

Table IV. (B. of E.).—Treatment of Defects of Children during 1918.

Condition.	No. of defects found for which treatment was considered necessary		No. of defects for which no report is available	Results of treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.	Remedied.	Improved.	Unchanged.		
Clothing . . .	..	4	4	1	1	..	2	50.0
Footgear . . .	..	..	..	..	..	..	..	..
Cleanliness of Head	76	568	644	345	232	41	14	95.9
Cleanliness of Body	5	1	6	..	1	1	..	33.3
Nutrition . . .	15	140	155	..	75	80	..	100.0
Nose and Throat	..	270	270	54	39	7	123	36.0
External Eye Disease	18	22	40	18	10	3	3	77.5
Ear Disease	7	33	40	6	15	5	11	65.0
Teeth . . .	..	558	558	42	..	..	69	7.5
Heart and Circulation	..	..	..	..	..	..	..	..
Lungs . . .	7	93	100	..	45	55	..	100.0
Nervous System	..	6	6	..	1	..	..	16.6
Skin . . .	7	846	853	844	7	..	1	99.7
Rickets . . .	..	..	..	..	..	..	..	..
Deformities . . .	4	3	7	..	1	6	..	100.0
Tuberculosis (non-pulmonary)	1	9	10	..	8	..	1	80.0
Speech . . .	4	3	7	..	2	1	4	42.8
Mental Condition	..	3	..	..	..	..	..	100.0
Vision and Squint	63	304	367	252	19	16	30	78.2
Hearing . . .	11	28	39	5	10	6	11	53.8
Miscellaneous . . .	11	23	34	7	2	1	4	29.4
Total	229	2914	3140	1574	468	222	273	

Table V. (B. of E.) Inspection, Treatment, etc., of Children during 1918

(1) The total number of children medically inspected (whether Code Group, special or ailing child)	5721
(2) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).. .. .	764
(3) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing etc.). .. .	2216
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.). ..	2142

(e) HOME CIRCUMSTANCES.

The homes of children with dirty or verminous heads and bodies are visited by the nurses. In the course of these and other visits to the homes the nurses come across sanitary defects of various kinds; these are specified on a card and sent through to the Health Department. A Sanitary Inspector then visits the house and reports to the Medical Officer of Health on the condition; it is then dealt with on its merits.

The following is a summary of the defects referred to the Health Department during the year:—

ALLEGED.	Number Reported.	Number dealt with.	Number not dealt with.
Nuisances, dirty houses, &c. ..	6	6	..
Foul pond adjacent	1	..	1
	7	6	1

Home Visiting.

Many visits are made to the homes of children by the Nurses for various reasons. Cases of verminous bodies and clothing, or of unsatisfactory clothing, are usually visited in order that the

home circumstances may be ascertained and advice given as to disinfection. In the course of the following-up work the children are first seen at school, and then, if no treatment has been carried out, the homes are visited in order to urge parents to do what has been advised. In addition to visits for these purposes, routine visiting is carried out in all cases of Measles and Diphtheria. Measles is now a notifiable disease. On notification being received at the Public Health Department, a card is made out and sent to the Clinic. A nurse then visits the home and fills in the required particulars. Where a case of Diphtheria occurs in the house no child in that house is allowed to return to school until a throat swab has been examined and pronounced negative.

The following table gives the analysis of the visits paid to homes by the School Nurses during the year.

Disease or Defect.						Visits Paid.
Measles	..	..	..	..	..	1018
Diphtheria	..	..	..	..	..	146
Eye	..	..	..	..	..	39
Scabies	..	..	..	..	..	17
Ringworm	..	..	..	..	..	28
Teeth	..	..	..	..	..	129
Miscellaneous	..	..	..	..	..	384
						1761

(f) TREATMENT OF DEFECTS.

The treatment of the defects in school children was carried out by the same agencies as hitherto.

The following is a report on the work of the various Departments of the Clinic during the year :—

(1) DENTAL CLINIC.

Miss E. R. Sloan, the School Dentist, reports as follows :—

“ Since September the work at the Clinic has been carried on in a fairly regular manner. During the influenza epidemic in

November many of the children failed to keep their appointments, but later on the number of absentees decreased. It was inadvisable to carry on the inspections at the schools at that time owing to the fact that a large number of the children were not present. In a very short time, however, the attendance at the schools became normal, and the work was resumed.

In December, at the suggestion of Dr. Newton, I examined the teeth of the children in the Wheatley Street Special School, and I found that the majority of the children required dental treatment, many of them suffering especially from gingivitis. It has been found impracticable at present to give treatment to any but children in the 6—8 age group, as the treatment of the whole school would hinder the systematic work in the other schools.

There were 2,226 children inspected during the year, and 1,036 applied for treatment, making a percentage of 46.54, as compared with 52.7 for 1917. The schools inspected were:—

School.	Number requiring treatment.	Applications for Treatment.
Stoke Council	398	182
Stoke National	77	58
Little Heath	52	39
Cheylesmore	204	91
Wheatley Street	252	123
Spon Street	181	42
St Michael's	111	48
Earlsdon	161	95
Centaur Road	266	140
South Street	374	130
St. John's	150	85
Totals ..	2226	1036

Many of the children are asked to come for re-examination every three or four months, and in that way the permanent teeth can be filled before they have become too much decayed for conservative treatment.

There were 1,486 cases completed in the year, 973 being of the 6--8 age group, and 513 being casuals. The following table shows the statistics of the treatment given :—

SUMMARY OF TREATMENT.

	EXTRACTIONS.		ANÆSTHETICS		FILLINGS.		MISCELLANEOUS.	
	Temporary Teeth.	Permanent Teeth.	Local.	Nitrous Oxide.	Amalgam.	Cement.	Pulp Treatment.	Scalings, and Dressings.
6 to 8 age group	2856	118	1089	26	938	50	11	219
Casuals	711	177	486	4	13	10	1	21
TOTALS	3567	295	1575	30	1051	60	12	240

Number of visits to the Clinic, 2,159.

It was not found possible for the nurses to do as much "following-up" of cases as in previous years; it is hoped that this will be rectified in the near future by the strengthening of the staff of nurses."

Total number of visits	...	...	212
Willing to have treatment	...	...	79
No definite answer	...	...	37
Refuse treatment	...	...	17
Out, or wrong address	...	...	46
Treatment being done privately	...	...	33

(2) EYE CLINIC.

The Eye Clinic has been continued at Cheylesmore School, in the Medical Officer's room. Dr. Harrison Butler has attended one half-day per week throughout the school year.

The cases treated are practically all cases of errors of refraction, for which spectacles have to be prescribed; 287 cases were completed during the year.

An arrangement exists for the supply of spectacles at contract prices by one of the opticians of the City.

The sum of £8 15s. od. per annum is sanctioned by the Board of Education for the provision of free spectacles. During the year the sum of 4/- has been expended on these, as against the sum of 12/9 in 1917.

(3) RINGWORM.

Dr. T. E. C. Cole has continued to attend the Clinic, generally once weekly, to treat cases of ringworm with X-Rays. Some 11 cases were treated with ordinary drug treatment, the parents not assenting to X-Rays. The number cured during the year was 51, 20 being County cases; all of these were treated by X-Rays.

At the beginning of 1918 there were 21 children excluded from school on account of ringworm; at the end of the year there were 23. Fresh cases are, of course, continually arising.

Arrangements have been made with the Warwickshire County Council for the X-Ray treatment of children from neighbouring parts of the County at the Coventry School Clinic.

The number of specimens of hairs microscopically examined during the year was 118.

(4) Verminous Conditions of Head and Body.*The Cleansing Centre.*

This department continues to meet an unfortunately great need. The summary of work done is as follows:—

Total cases treated, verminous conditions of the				
head and body	...	...	...	176
Of these :				
Dealt with under Section 122 of the Children				
Act	...	...	...	33
Voluntary cases	...	...	...	141
Bathing and sterilization carried out	...	...	...	2

The following table shows the number and the severity of what may be called the chronic cases, *i.e.*, cases which have had an original "Exclusion Notice," and are then inspected every four or five weeks by the Nurse:—

TABLE SHOWING NUMBER OF CHRONIC CASES OF VERMINOUS HEADS.

	A	B	C	D
All Saints	10	2	—	—
Broad Street	34	7	1	—
Centaur Road	29	2	1	—
Cheyle more	27	7	15	—
Earlsdon	5	5	—	—
Edgewick	16	1	—	—
Fredk. Bird	10	5	3	—
John Gulson	11	9	3	—
Little Heath	5	—	—	—
Paradise	13	—	—	—
Radford	11	5	1	—
Red Lane	18	11	5	—
South Street	31	18	6	—
Spon Street	11	11	6	2
Stoke Council	16	7	4	—
Wheatley Street	23	15	3	—
St. John's	18	6	5	4
St. Mark's	4	2	—	—
St. Mary's	17	3	2	—
St. Michael's.. .. .	5	7	2	2
St. Osburg's	—	10	5	7
St. Peter's	11	2	1	—
St. Elizabeth's	7	3	1	—
Stoke National	1	—	—	—
Thomas Street	7	2	1	1
Wheatley Street Special	—	1	—	—
Station Street West	5	1	—	—
TOTALS	345	142	65	16

A = original "Exclusion" only.

B = A + one cleansing notice or warning letter.

C = A + two cleansing notices or warning letters.

D = A + three or more notices or warning letters.

5) KING STREET CLINIC.

Dr. Newton reports as follows :—

" In addition to the Dental, X-Ray, and Cleansing Centres, the premises are used for the examination of special children. These special cases fall into three groups :—

(1) Minor ailments such as Blepharitis, Otitis, Impetigo, etc.

These cases—many of which are very chronic—are treated, in many instances, daily. A difficulty is that many parents regard such conditions as Otorrhœa (discharging ears) and Blepharitis (inflammation of the eyelids) so lightly that they will not trouble to have them attended to.

No definite record of such cases treated was kept for the

earlier part of the year so that the following table only represents work done from September to December.

Ailments treated.	No. of cases dealt with.	Attendances made.
Blepharitis	2	33
Conjunctivitis	7	15
Impetigo	18	46
Discharging ears	10	43
Ringworm	4	10
Miscellaneous	14	48
	55	195

(2) Cases sent by the attendance officers, usually with regard to their fitness to attend school. These during the year numbered 277.

(3) Chronic cases of Phthisis and Suspected Phthisis, Organic Heart Disease, Malnutrition, &c.

These cases number about 250 (many of them are included in the cases sent by the attendance officers as above). They are examined, weighed, and measured, and advised as to treatment at periods varying from two weeks to six months. The majority of them are cases of malnutrition, in whom one can find no definite evidence of organic disease. It is probable that chronic indigestion, resulting from irregular and unwise meals, together with too little rest, accounts for a large number of these cases. Probably from 80 per cent. to 90 per cent. of them require Convalescent Home or open-air school treatment. One feels that this is a most important part of the School Medical work, and undoubtedly, where the parents are intelligent and interested in the welfare of their children, one sees improvement in the children as a result of the careful feeding and resting advised. Unfortunately, in so many cases, home circumstances are such that it is impossible to do very much.

This work is at present taking up three afternoons a week, but it is so obviously necessary that more time will in the future need to be given to it.

In addition to these, 37 cases of Impetigo and 20 cases of Scabies have been treated by frequent, in some cases daily, baths."

OPEN-AIR CLASS AT CENTAUR ROAD SCHOOL.

The Headmistress of Centaur Road School reports on this class as follows :—

" Attendance.

Thirty-seven children were admitted to the class, 30 being the maximum number attending at any one time. The attendance was most unsatisfactory, the average being only 23. This may be accounted for thus :—

(1) A few children selected were too delicate to be expected to attend regularly.

(2) A number of children lived at some distance from the school, and were not on any tram route. This necessitated their absence on very wet days.

(3) Parents were obliged to take their holidays at irregular times.

Meals.

Monday.	Lentil soup and bread. Suet pudding and treacle.
Tuesday.	Fish Kedgerree or Fish Cake, potatoes. Milk pudding and stewed fruit.
Wednesday.	Vegetable pie. Lentil rissoles and potatoes. Boiled rice and treacle or milk pudding.
Thursday.	Stewed steak, cabbages and potatoes. Boiled rice and treacle or milk pudding.
Friday.	Vegetable soup. Suet pudding and jam.

Difficulty was at times experienced in obtaining supplies, especially of jam and treacle. The meals were thoroughly enjoyed by the children, and, with two exceptions, all had very good appetites.

Hot milk, cocoa or soup, was provided at morning play-time.

Rest.

The rest after dinner (one and a half hours) was no doubt a valuable factor in their daily routine. The majority slept well during the greater part of the allotted time.

Curriculum.

The work was modified according to the special needs of physically-defective children, due attention being given to handwork and suitable physical exercises.

With very few exceptions the children were found to be more backward than children of the same age attending the ordinary elementary school. This is due either to prolonged absence or irregular attendance due to ill-health."

Dr. Newton remarks : "The irregularity in attendance to which Miss Carter draws attention was very unsatisfactory. It

was undoubtedly a mistake to attempt to deal in this class with children living at a distance.

The increase in vigour and alertness noticed in previous years was again a marked feature of the class. One was struck, too, by the way in which the children accommodated themselves to the open-air conditions, being obviously happy and comfortable, no matter what the weather conditions happened to be.

The increase in weight varied from nil to 15lbs., the average being $5\frac{1}{4}$ lbs. This gives an average weekly gain of $\frac{1}{4}$ lb., slightly over one-half the average weekly gain shown by the children at Corley Camp. These figures are calculated only on the 21 children who attended regularly for the whole session."

CORLEY CAMP.

The following extract from Miss Bailey's Report gives an excellent account of the work done at this Camp:—

"The Camp opened its fourth session on April 22nd, 1918, and closed on October 25th, a period of 26 weeks.

The year has been one of growth and development. The Camp has been recognised by the Board of Education as a Special School of the Boarding School type for Physically-Defective (pretubercular and delicate) children.

There have been some improvements in the building. The field has been fenced round; a schoolroom has been provided; a stove has been fixed in the dormitory, and movable shutters for the front of the shelter give more protection in bad weather. A bath and boiler fixed outside will be a great comfort next year (especially if a roof can be placed over it). This year it was set up too late for us to use it more than a week or two.

For the first time since the opening of the Camp in 1915 we have seriously felt the effects of war. During the first month we had workmen about all day, and school was conducted under difficulties. Work that we had hoped to have done early has been delayed until recently, or not done at all, and the elements of comfort we have been acquiring slowly throughout the session.

Although we have never suffered from a shortage of food, it has been difficult to get a sufficient variety, and except for a time, in the middle of the summer, when we gathered our own crops, vegetables and fruit have been scarce. At times we have had to go two or three days without things we should have deemed essential in pre-war days.

The children have profited almost as much as ever by their life here. 29 children (21 girls and 8 boys) have been in residence for varying periods. Of these, 7 (5 girls and 2 boys) were here for 6, 7, or 8 weeks only, two girls being removed after six weeks as unsuitable cases, and three girls and one boy (all of whom were doing remarkably well), being taken home by parents because they complained of home sickness. One other girl, who was here for the last four weeks of the session only, gained four pounds in weight. Of the other children,

CORLEY CAMP

CHART SHOWING AVERAGE WEEKLY GAIN IN WEIGHT

Average increase of weight of girls (6-14 yrs) -----

Average increase of weight of boys (6-14 yrs) -----

Average increase of weight of all children -----



one girl left after ten weeks because her parents removed to Sheffield. She had shown remarkable improvement in health and activity. All the rest have stayed for three months or more—four since the opening in April. All have shown marked improvement. Children who have arrived pale, heavy-eyed, dull and listless, have in a few weeks become active and bright, gained weight and colour, and have scarcely been recognised by their parents on visiting days. Even those who at the end of the session obviously need further treatment are completely different children from what they were on arrival. And here I should like to say that the last visiting day afforded an opportunity of explaining to the parents the extent to which they might continue the treatment at home, so as to keep their children in good health during the winter, for the health acquired in three or six months under ideal conditions will soon be lost if it has to contend with irregular meals, late hours, and stuffy rooms.

This universal and marked improvement, then, we attribute to several factors: Abundant food, a free open-air life, regular periods of rest and work, and the cult of the bath.

The food is simple, wholesome and abundant, and though at first many children cry over their porridge and milk pudding, and sigh for fish and chips and pickles, in a few days everyone is enjoying a second helping of porridge, and bread has to be cut very thick to satisfy young appetites. We are fortunate in having an unlimited good milk supply close at hand. Every child has daily a pint and a half of milk exclusive of puddings.

The life is lived entirely in the open air. The schoolroom is a roof on four posts, with a canvas screen on two sides, put up only in bad weather, and the dormitory, except in wet weather, is entirely open on one side, and even when the shutters are up, is open for a depth of three feet along its entire length. There have been very few occasions (since the screen for the schoolroom was made) on which we have been obliged to resort to the dormitory in the day time, so that the children are never for a moment out of the open. The results are remarkable. Rain makes little difference with a mackintosh and bare feet (called by the children "waterproof stockings"), and walks and games go on as usual with no ill effects. In fact, colds have been quite exceptional until the children began to wear stockings again in October.

Perhaps the most effective factor is the rest. The children all lie on their beds for two hours every afternoon and go to bed at 7-30. Although at first they resent the early hours and cannot sleep in the afternoon, the good habit of rest is soon acquired, and it becomes the exception rather than the rule to see the children awake in the rest period. Nor does the afternoon rest prevent sleep at night. The good effects are soon apparent in loss of nervous movements and habits.

With regard to the last point, every child has a warm bath twice a week, a sponge down from head to foot every evening, and washes to the waist in cold water every morning. Quite early the boys discovered for themselves that one is much warmer after a cold sponge all over than after a slight wash in warm water, and I attribute a good deal of the activity and hardiness of the children to their learning to appreciate the use of water not merely for removing dirt but as (in the words of Dr. Crowley) 'a healthful therapeutic measure.'

A Chart is here reproduced shewing the average weekly gain in weight of all the children.

Dr. Newton remarks: "There is very little that need be added to Miss Bailey's report. The increase in weight shown in the chart is quite good. A normal child, in passing from the seventh to the eighth birthday should gain 5lbs., and in passing from the eleventh to the twelfth birthday should gain 7lbs. As the period of most active growth in weight is from September to December, and the period of slowest growth is from April to July, the average increase of 12lbs. gained by the children at the Camp is most satisfactory. The fact that the boys gained so much less than the girls is partly explained by the fact that the average of the boys was 8 years, while that of the girls was $10\frac{1}{2}$ years, and as mentioned above, the younger child gains less per year.

The disparity in the ages of the children chosen for admission was a drawback. Next year it is hoped to limit admission to a more uniform age."

JUVENILE LABOUR EXCHANGE AND BUREAU.

The following particulars are taken from the Juvenile Employment Sub-Committee's Report for the year ending July 31st, 1918:—

"Perhaps the most interesting as well as the most satisfactory feature of the year's work has been the increased number of Juveniles placed in their first situations through the medium of the Juvenile Employment Exchange. The extent to which this branch of the work has developed during the last five years is indicated by the comparative table set out below:—

Period.			Juveniles placed in first situation on leaving school.	
15 months ending	31st	December, 1914	...	474
12 ,, ,,	31st	July, 1915	...	518
12 ,, ,,	31st	July, 1916	...	484
12 ,, ,,	31st	July, 1917	...	529
12 ,, ,,	31st	July, 1918	...	620

Demand and Supply.

The Engineering trade again claims the preponderance of boys placed. This is explained by the country's need of munitions, the higher rate of wages paid in that particular industry, and the substitution therein of boys for youths and for men of military age. While it is regretted that much of this work is of the nature of "Repetition," and is more or less unskilled or semi-skilled, many of the boys placed have entered branches of the industry which should afford them an opportunity of developing whatever mechanical powers they possess,

and of becoming in due course skilled men. Unfortunately, it has been the unskilled occupations which have yielded the abnormally high wages. Cases have come to the notice of the Exchange in which boys of 15 to 17 years of age have earned for a short time as much as £5 to £8 per week. Great difficulty has been experienced in placing applicants of this type when they have visited the Exchange for the purpose of finding employment, but, in view of the fact that they have been able to earn, if only for a short time, such high wages, it is perhaps not surprising that these young people are reluctant to enter occupations which offer, it is true, better prospects for the future, but in which the initial wage is decidedly lower.

It may be observed that the vacancies notified to, and filled by, the Juvenile Employment Exchange during the year have been of a very varied character, ranging as they do from factory labouring to various kinds of professional work. Boys have been placed as Analytical Chemists, Accountants, Draughtsmen, Clerks (both in commercial and professional offices), and in the higher branches of Engineering. That so many of the professional type of vacancies have been filled is considered to be a matter for some gratification. Not only does it point to the fact that the better class applicant has been attracted to the Exchange, but it is also a testimony to the increased confidence placed therein by the employer, and to his appreciation of the facilities afforded under the Scheme.

Apprenticeship.

Realising that there will be a great demand for skilled labour after the war, it is the aim of the Committee to encourage boys to enter the more skilled occupations. With this end in view, they are considering at the present time several schemes of apprenticeship which have been submitted to them by local employers. If these schemes mature, it is proposed to compile a small text-book setting forth the ultimate advantages to be derived by entering one of the skilled industries of the district, and containing information with regard to the rates of wages paid in such industries. Copies of the book are to be sent to parents a few months prior to their children leaving school. It is felt, however, that to make any scheme of apprenticeship successful and attractive a substantial increase in the amount of the wages paid during the learning period is vitally necessary. Not only must the wage be raised to meet the increased cost of living (which is likely to prevail for some years), but it must correspond in some degree to the amount the boy now feels and knows that he is capable of earning.

During the period of hostilities boy and girl industry has become increasingly important, and this phase of employment will inevitably require careful readjustment. Boys and girls before the war accepted low wages, and by their extreme dexterity contributed valuable labour, out of all proportion to their earnings. During the past four years, monotonous tasks and much repetition work have devolved upon them; they have been quick to realise their value to the employer, and their wages have increased with almost startling rapidity. It is important that all these facts, together with the unpopularity of apprenticeship, even in pre-war days, and the practical impossibility of reviving it in its old form, should be taken into consideration in connection with any new schemes that may be formulated for the training of adolescents.

Girls' Department.

The conditions arising from the revolution in the industrial world have affected the girls' department of the Juvenile Exchange considerably. The desire of the girls has been one with that of the boys, namely, to enter a Munition Factory, and earn "big money," and in consequence of this the Textile and allied trades have suffered. In some cases, however, employers have been induced to increase their rate of pay, and in such cases the labour required has generally been forthcoming.

The figures for the past year show a decrease in the number of girls placed in munition work. This is due to the fact that in the year 1916-17 there was a heavy demand for girl labour for such work, more especially for the manufacture of aeroplanes, and that since that date, owing to the high wages paid and the congenial nature of the occupation, there have been comparatively few changes of employment.

The number of girls entering the field of clerical work shows a distinct increase over any previous year. Two hundred and forty have been placed in offices, as compared with one hundred and seventy-four last year. Ninety-five of the girls so placed were girls just leaving school, and in most cases clerical work was the occupation suggested in the Head Teacher's report.

Co-operation with Schools.

It is realised that the successful results obtained during the year are due in no small degree to the close co-operation of the Head Teachers, and to the keen and kindly interest which they have always displayed in the Scheme, and the Committee welcome this opportunity of expressing their thanks for and appreciation of this co-operation and interest. They are of opinion that it is impossible to attach too much importance to the prompt receipt of the School Report Card. The helpfulness of these cards, embodying as they do information with regard to the physical condition of the child, his character, temperament, general ability and aptitude, based upon knowledge gained by years of close association with the child, cannot be overrated. In this connection it must be remembered that a parent's views with regard to his child's career sometimes bear little relation to the capabilities of the child. For instance, parents of children coming from well-to-do homes almost invariably choose office work for their children, irrespective of the latter's inclination or suitability for such work. In many such cases the information given by the Teacher on the School Report has guided the Exchange Official in placing a child, who would have been a failure in an office, in an occupation not only congenial to the child himself, but affording full scope for the development of his natural gifts.

In some cases children may have situations awaiting them when leaving school, and Teachers are apt to feel that in such cases a visit to the Exchange is not necessary, and a report card is not sent in. Experience shows, however, that the occupation first entered has often proved to be uncongenial or unsuitable, and a visit is made by the child to the Exchange at a subsequent date. In view of this, a report in respect of every child leaving school would assist the Exchange Officials in their work, and would be much appreciated by them.

Interviews (parents and children) at the Exchange.

A letter inviting parents to call at the Exchange with their children, in order that they may have an opportunity of discussing with the Officials the relative merits of different occupations, is sent in each case on receipt of the School Report. The number of parents responding to this invitation has greatly increased, and this increase has been specially marked during the past few months. Over and over again parents have realised that the advice offered by the Exchange has been of the greatest assistance in placing their children in occupations for which they were specially fitted."

Appendices to the Report show that during the twelve months in question 1,286 reports were received from Head Teachers in regard to boys and girls leaving school; also that 5,706 applications were received for employment; 4,122 vacancies were notified, and 3,853 vacancies filled.

An analysis of the vacancies shows that for both boys and girls the immensely preponderating employment found is that in branches of engineering, and that a fair proportion of girls take to clerical work.

(g) INFECTIOUS DISEASE IN SCHOOLS.

INFECTIOUS DISEASES.

Periods of Quarantine for those exposed to Infection and lengths of Isolation of those attacked.

Infectious disease.	Quarantine to be required after last exposure to infection.	Earliest date of return to school after an attack.
Small Pox	18 days	When all scabs have fallen off.
Chicken Pox	18 days	" " " " " "
Scarlet Fever	14 days	Variable, generally 6 or 7 weeks, sometimes longer.
Diphtheria	12 days	Very variable; a medical certificate of freedom from infection is desirable.
Measles	16 days	Three weeks.
Whooping Cough	21 days	When the cough has disappeared.
German Measles	16 days	About three weeks.
Mumps	24 days	Four weeks if all the swelling has subsided.
Typhoid Fever	28 days	Only on medical advice.

NOTE.—In the case of Small Pox, Chicken Pox, Scarlet Fever, Diphtheria, and Typhoid Fever, all children from an infected home are excluded from school.

In the case of Measles, German Measles, and Whooping Cough, children from infected homes are allowed to go to school if they attend Senior Departments and have themselves had the disease.

The above table is re-inserted here for convenience of reference by Head Teachers.

On page 71 is a table setting out the numbers of notifications of alleged infectious disease among school children, or in houses in which school children live, received from schools by the Medical Officer of Health during the year.

(h) PERSONAL HYGIENE—PHYSICAL TRAINING.

Miss E. K. Brown, the Organiser of Physical Training, reports as follows concerning her work for the year :—

“The important part played by Physical Training in the education of young people is receiving the close attention of teachers and educationalists generally, and the idea of physical training as “drill,” bearing no relation to other branches of training, is fast disappearing.

Recent events have shown to the community the vital necessity of having a healthy, virile population, able and willing to fulfil the promptings of patriotism and duties of citizenship.

In Elementary Schools, physical training is necessarily in the hands of the class teacher, and it is very often seen that with natural ability and some special training, such teachers obtain very good results, especially when under the guidance of an expert organiser.

In 1917 the Board of Education offered special grants to Local Education Authorities employing such organisers, and in February, 1918, I took up the duties of that position under the Coventry Education Committee.

My duties include the visiting of Elementary Schools, advising, stimulating and directing the physical training for girls and infants in those schools; the supervision and direction of instruction in swimming; organisation of indoor and outdoor games; supervision of physical training in play centres; treatment by special physical exercise of some deformities found in school children; in general, the promotion of the physical well-being of girls and infants in our Elementary Schools.

Visits to Schools.

Since February, 1918, I have visited, at least twice, each of the 44 Girls' and Infants' Departments under the Coventry Education Committee.

During these visits I receive from the Head Teacher an oral general report of the physical training work of the Department. This is followed by a lesson taken by each teacher in succession in the playground or hall or class-room. At the conclusion of each lesson I usually demonstrate a few physical exercises, new dances, and organised games, explain difficulties encountered by the teacher, and suggest quicker and perhaps more effective methods.

In many Departments where special help with the subject was required, or where more advanced work was advisable, my visits have been more frequent. In this way, during the year, I have come into contact, at least twice, with about 14,058 children—6,508 infants, 5,050 girls in girls' departments, and 3,301 boys and girls in mixed departments.

In visiting Mixed Schools I have supervised the physical training of boys' classes, demonstrating as in girls' classes.

In some schools I have been asked by the Head Teacher of the boys' department to watch the boys at their physical training lesson.

In all schools I find a keen desire on the part of teaching staffs to promote and encourage wholesome physical habits and good posture amongst the children. The physical training lesson gives the teacher a definite opportunity of correcting bad physical positions in the children, of improving general vitality, and of inculcating habits of tidiness, prompt obedience, alertness, and cheerfulness of temper. Health talks form part of the curriculum in most schools, and in this lesson the principles underlying the laws of hygiene and physical exercise are explained and appreciation of them encouraged.

Time Devoted to the Subject.

In the Elementary Schools of Coventry the time devoted to Physical Training is too short to enable the children to reap the full benefits of scientific physical training.

1. Girls' Departments.

In Girls' Departments the minimum time of one hour per week, recommended by the Board of Education, is usually adhered to, and is divided into two lessons of 30 minutes' duration, or into three lessons of 20 minutes' duration.

In addition to this minimum time, in two Girls' Departments, half an hour each week is reserved during school hours for organised games, which are played, weather permitting, in the school playground or on common land near the school.

It has been found practicable in some schools in the Midland area to give each pupil a daily period of 20-30 minutes of organised physical training, it being recognised that the habit of practising physical exercises each day is most healthful.

The principle of a further recommendation of the Board of Education that short periods of vigorous movement, designed solely to stimulate circulation and respiration, should be used as a wholesome means of refreshment for both children and teachers, has been generally accepted, but its application in a systematic way has not been carried out.

In this connection I have suggested that at least one daily period of five minutes be set apart when such vigorous exercise could be taken, the children standing in their places in class and the room flushed as far as possible with fresh air. In schools where this has been carried out, the results in improved physique, in greater alertness and improved power of concentration have been satisfactory.

2. Infants' Departments.

The time devoted to physical training in Infants' Departments varies from 1 to 2½ hours per week, and the best division of such time would seem to be one morning period each day of 15 minutes for the practice of disciplined organised training, and an afternoon period each day for games, dancing and more recreative work. Short periods of vigorous physical exercise and breathing exercises are taken several

times each day, and give the necessary break during the longer periods of instruction.

Accommodation for Teaching Physical Exercises.

In visiting the schools I find that very often the conditions under which physical training is conducted are inadequate, and often so unsuitable that the results expected from such physical work are most disappointing.

1. Central Hall.

The Central Hall type of school usually provides ample floor space for physical training lessons, but such halls are particularly unsuitable for this purpose. There is difficulty in providing effective cross ventilation, the work in adjacent class-rooms is disturbed, and a quantity of dust and road mud is left on the floor after assembly of scholars and after the marching to and from the playground at the 'interval.'

In Coventry Elementary Schools, 22 departments are provided with a Central Hall, and of these 15 are not available for any kind of physical training lesson, as the large influx of scholars has caused this space to be used for class-rooms.

2. Gymnasia.

One Department (at John Gulson School) in the Elementary Schools is provided with a gymnasium, fitted with the latest Swedish gymnastic apparatus, and arranged to accommodate a class of about 30 children, whereas the usual number of children in the day school classes is 60. More extended provision is desirable.

3. Separate Halls.

Broad Street School is provided with a light, well-ventilated, bright hall, detached from the school. The floor space is convenient for the size of classes, but the hall is situated far across the playground from the school, and is without dressing-room accommodation where shoes may be changed.

4. Playground.

There is general agreement with the opinion that physical exercises should be taken in the open air, and in the Coventry Elementary Schools the playground is used so far as possible for this purpose.

5. Covered Playing Sheds.

During inclement weather, when physical training should be more vigorous and stimulating, 15 departments in our Elementary Schools, owing to lack of covered and sheltered free space, must necessarily omit this most important work from the time table. During this weather, 17 other departments must conduct physical training lessons in covered playing sheds, which are too small to accommodate the whole class, ill lighted, ill ventilated, and very dusty.

The small proportion of departments, 12 in number, which, during bad weather, are able to organise physical training satisfactorily, shows the need for enquiry and action along the lines of providing sheltered, clean, well-lit, well-ventilated open spaces in which health-giving work may be practised daily.

Scheme of Work.

The Syllabus of Physical Exercises issued by the Board of Education in 1909 is now in use in all Elementary Schools in Coventry. It includes free standing exercises from the Swedish System, graded to suit the capabilities of normal children between the ages of 7 and 14 years, and also recreative work in the form of games, dancing steps and skipping exercises.

Demonstration Lessons.

In visiting the schools I found that the use and effects on the body of many of the movements in the scheme were misunderstood, and that harm to the children sometimes resulted from wrong application of the movements. In order to correct this as quickly as possible I invited teachers to meet me on two consecutive Saturdays in Wheatley Street School—teachers of Junior Classes on 8th June, and teachers of Senior Classes on the following Saturday morning. At these meetings I gave a demonstration lesson with girls from Wheatley Street School, showed several organised games, and explained the principles underlying certain physical exercises.

These meetings were very well attended, several head teachers were present, and it is satisfactory to note a very general improvement in the performance of these exercises.

Classes for Teachers.

In order to follow up and to expand the work commenced in these demonstration lessons, I organised classes for further instruction of teachers—a class for teachers of junior pupils on Mondays, and a class for teachers of senior pupils on Tuesdays. It was intended to give ten weekly lessons in each class, and the number enrolled for the Monday class was 23, and for the Tuesday class 20. Unfortunately, owing to illness amongst the teachers, these classes were suspended, but the Course will be completed early in the new year.

Scheme of Work in Infants' Departments.

The part of the Syllabus of Physical Exercises devoted to the training of Infants is very short, and it was felt that a more detailed scheme based on suggestions given in the Syllabus would be of practical use. I therefore drafted such a scheme, demonstrated and explained it to Head Teachers of Infants' Departments gathered in Wheatley Street School. At this meeting it was decided to adopt the scheme for twelve months, at the end of which time another meeting would be held to submit and discuss modifications and alterations.

Following the conference of Head Teachers, I started a course of instruction for teachers of Infants on Thursdays in Wheatley Street School. The Course consisted of ten weekly one-hour lessons, and 63 teachers enrolled to attend this class.

A further class of ten weekly lessons for teachers was organised by me and held in John Gulson School on Wednesdays. This class was specially designed to meet the needs of teachers employed in schools equipped with gymnastic apparatus, and in schools equipped with sheltered floor space and freedom to use the piano during the physical training lesson. Thirty-five teachers enrolled for this Course.

and the Committee provided screens for the windows and hired a piano for use during these lessons.

Handkerchief Drill.

In all departments the correct use of the handkerchief is taught, and actual handkerchief drill is taken two or three times each day, each scholar being encouraged to carry a handkerchief at all times. The good results of this regular use of the handkerchief have been noticed, and in one school a definite reduction in the number of 'colds in the head' amongst the scholars has been reported.

Gymnastic Costume.

The children are encouraged to wear regulation costume for "drill"—rubber-soled shoes and gymnastic costume, also the hair tied back, and in schools where accommodation for physical training is suitable the girls respond very well. The wearing of a business-like costume for physical exercise influences the carriage of the girls, raises the tone of the class, and as the body is not so likely to become overheated, the risk of 'taking cold' after the lesson is reduced to a minimum.

Instruction In Swimming.

At the beginning of the Swimming Season of 1918 the Baths Sub-Committee revived facilities by which Elementary School children were allowed to use the Public Swimming Bath. Under the sanction of the Education Committee the time table was arranged whereby a class of children from each school visited the Baths once each week and received a swimming lesson from the Class Teacher. The number of classes thus admitted to the Baths each week was 21 girls' classes, representing 420 individual scholars, and 14 boys' classes, representing 350 individual scholars. The lessons continued for a period of nine weeks, when the conditions of entrance to the Baths were unfortunately modified by the Baths Sub-Committee, and the swimming lessons for Elementary School children ceased on 29th July.

Expenditure.

The expenditure entailed in carrying on these classes is in connection with payment of teachers employed out of school hours. During the season the number of lessons so conducted was 166, and the cost to the Education Committee £16 12s. od.

Proficiency Certificates.

These were offered by the Baths Sub-Committee to children in Elementary Schools, and were competed for in October, when 39 girls and 32 boys succeeded in passing the tests.

Swimming Belts.

To facilitate the teaching of swimming, the Baths Sub-Committee agreed to fit up three adjustable belts over the ladies' bath, and it is hoped that these belts will be at the disposal of the public early next season.

Swimming 'Land Drill.'

In preparation for the coming season, all senior classes in the Elementary Schools are learning 'land drill,' after which swimming in water will be more easily and more naturally acquired.

Organisation of Leisure Time.

Physical well-being is partly dependent upon the correct use of leisure time, and in Coventry schemes are under consideration which will give encouragement to children to occupy their leisure in a suitable way.

1. Play Centres.

The scheme for play centres has been formulated, and an experimental centre at Broad Street School will be opened early in 1919.

2. Organised Games.

The game of net ball is played in the school playground after school hours by girls at Centaur Road School, and good teams have been trained.

3. School Clubs.

A few schools have started Clubs for former pupils. These are run voluntarily by the day-school teachers, use of premises being granted by the Education Committee.

These Clubs are very much appreciated by the girls, and are a real help to those leaving school and entering a new sphere of work.

Remedial Exercises.

Following up the work of Medical Inspection in the schools, it is found that some children would be benefited by practising special physical exercises—cases of spinal curvature, round shoulders and flat feet can usually be improved by these means.

The practical way of teaching and applying such remedial treatment would be to gather these children in some convenient and suitable centre, and I would recommend that, if possible, such a centre be opened in Coventry."

EDUCATION (PROVISION OF MEALS) ACT, 1906.

There has been no demand for free meals for four years. The Canteen Centres closed in 1915.

DEFECTIVE CHILDREN.

Table III. (B. of E.) Numerical Return of all exceptional Children in the Area in 1918.

			Boys.	Girls.	Total.
Blind (including partially blind)	{	Attending Public Elementary Schools			
		Attending Certified Schools for the Blind	2	1	3
		Not at School			
Deaf and Dumb (including partially deaf)	{	Attending Public Elementary Schools			
		Attending Certified Schools for the Deaf	7	4	11
		Not at School			
Mentally Deficient.	{	Attending Public Elementary Schools			
		Attending Certified Schools for Mentally Defective Children	35	33	68
		Notified to the Local (Control Authority during the Year	2	1	3
		Not at School			
	{	At School	1	1	2
		Not at School			
	Idiots		1		1
Epileptics	{	Attending Public Elementary Schools	10	13	23
		Attending Certified Schools for Epileptics	1		1
		Not at School	1		1
Physically Defective.	{	Attending Public Elementary Schools			
		Attending Certified Schools for Physically Defective Children			
		Not at School	16	19	35
	{	Attending Public Elementary Schools	6	5	11
		Attending Certified Schools for Physically Defective Children			
		Not at School	4	5	9
	{	Attending Public Elementary Schools	29	30	59
		Attending certified Schools for Physically Defective Children		1	1
		Not at School	8	10	18
*Dull or Backward	{	Retarded 2 years			
		Retarded 3 years			

*Judged according to age and standard.



SPECIAL SCHOOL: SAMPLES OF BOYS' WORK.

DEFECTIVE CHILDREN.

Mental Defectives.

There is accommodation at the Special School, Wheatley Street, for 72 children.

During 1918 the average attendance has been 62. Three children were admitted during the year, and eleven left. These left for the following reasons :—Eight because they had attained the age of 16 years, and three, who, although they were only 15 years old, had found suitable work.

Dr. Newton reports :—

“ During the year the work has proceeded on the usual lines. The gardening done by the boys has continued to be a successful work. This is a type of work and recreation which could usefully be increased, most of these children are below the average physique, so that the outdoor occupation is exceedingly good for them. There is no reason why this work should not be done by the girls as well, if ground could be found for them.

Mentally deficient children need more freedom of movement and more varied occupations than do normal children. Following from this idea, it should be pointed out that, although the average attendance at Wheatley Street does not come up to nominal accommodation, the school is really considerably overcrowded. There is no free central hall where physical training and free movements can be carried out, and each of the classrooms is so overcrowded with desks that there is no room for the greater freedom of movement which these children require.

A novel form of occupation introduced by Mr. Cox, manual instructor, is worthy of note. This consists of the making of ingeniously contrived articles out of old tin canisters. Such things as candlesticks, oil-cans, graters, tin-dishes, etc. Some of the articles are made of wood and tin combined. The accompanying photograph shows a group of such articles made by the boys, every scrap of metal in which was obtained from old tin canisters. This idea is quite new, Wheatley Street being the only school in England where such a useful occupation is taught.

The following table shows an analysis of the whole of the children who have left the Special School since it was opened :—

Result.	Boys.	Girls.
Returned to Elementary School	5	9
Died	3	3
Entered Institutions	11	7
At work (satisfactory)	25	11
At work (unsatisfactory)	3	5
Not at work	11	12
Left, unknown	2	..
Left the City	2	6
	62	53

There are one or two points worthy of note. The number put down as “ returned to Elementary Schools ” must not be taken as an index of the success of the work. It is doubtful if any really mentally deficient child could ever be brought to such a standard as to fit it for education in the ordinary school. During the last few years no such transfer has been made; those shown in the table occurred during the early years of the school, when there was perhaps a tendency to admit children who were merely backward. The difference between the number of boys and girls who find satisfactory work is striking.

Under the Mental Deficiency Act, 1913, cases leaving school may be notified to the Local Mental Deficiency Committee, and then be followed up by the official visitor. In future, therefore, there should be few cases marked as “ unknown.”

During the year three cases were “ notified ” to the Mental Deficiency Committee.

DULL AND BACKWARD CHILDREN.

Owing chiefly to the fact that in many schools children are moved up according to age and irrespective of attainment, it has been impossible yet to get reliable figures for the whole area. Enquiries made, however, have forcibly brought out one need,

viz., the establishment in every school of a special class for backward children as a half-way house between the ordinary school and the special school. Many children are examined on the application of head teachers as candidates for the special school who are really only backward, and who require, not the special school, but a special small class in which they can have individual attention. This method is already pursued in two or three of the larger schools, but could with advantage be extended. It would greatly facilitate, too, the work of certifying children as suitable for Wheatley Street."

PULMONARY TUBERCULOSIS.

During the year, 35 cases have been sent to Sanatoria. Several cases have afterwards been sent to Corley Camp, or to the Open-air school at Centaur Road. It has been of great help during the year to have the opinion of the Tuberculosis Officer in doubtful cases. This Officer has kindly made arrangements by which such cases are seen by him in consultation with the Assistant School Medical Officer.

CRIPPLES.

The numbers given in the table are far from complete, but the full roll is gradually being compiled. Many children have been found during the year wearing worn-out or unsuitable apparatus. The reason in most cases has been the question of expense. Arrangements have been made, therefore, with a firm of instrument makers for their representative to measure children at the Clinic and to supply apparatus at hospital rates. Even so, however, expense is still a very serious difficulty. Many children, too, require further operative treatment before they can reap the full benefit of apparatus. Some scheme for dealing with such children is required.

CONVALESCENT HOME.

It is certain that in a number of such cases a stay in a Convalescent Home would be beneficial. Hitherto admission to convalescent homes from this City has been generally available by casual vacancies obtained through voluntary agencies. There is no doubt that such institutions could be often of permanent

benefit to many children, especially after severe and debilitating attacks of Measles and Whooping Cough, which so often leave permanent sequelae in the form of ill-health.

The Maternity and Child Welfare Act of 1918 has now conferred on the Sanitary Committee the power of making certain arrangements, with the approval of the Local Government Board, for attending to the health of expectant and nursing mothers and young children below school age; that Board has itself suggested that convalescent homes might be contemplated as among the possible measures. Might it not be possible for the Education Committee to consider the question from the point of view of school children? The demand for such an institution might then be found sufficient to justify the provision of a City Sanatorium in some healthy locality, perhaps by the sea-side, for which children of all ages (as well as mothers) might be eligible when found suitable. Dependence on voluntary agencies might then be rendered unnecessary.

E. H. SNELL, M.D.,

School Medical Officer.

The Council House,
Coventry.

April, 1919.

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